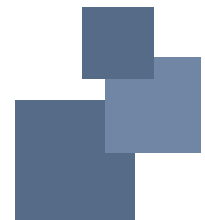# Building and Sustaining a Methamphetamine Community Coalition

A Resource Guide for California Communities

Spring 2007

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Preface

The past two decades has seen an emphasis on initiatives designed to increase the capacity of local communities to address alcohol and other drug problems through community-wide collective actions. This movement has gained momentum through a variety of recent trends, including increased recognition of the importance of public-private partnerships to address complex social problems, the recognition that social problems are embedded in local conditions, and recognition of the need for more coordination in a fragmented helping services system.

More recently, the use of community partnerships or coalitions have gained prominence as an effective approach to deal with the growing methamphetamine (meth) problem. Success with this model has been documented in such states as Washington, Oregon and Kansas as well as here in California, in San Diego County. It was in recognition of the serious consequences associated with methamphetamine use in California, and the potential of community coalitions to abate the problem, that the Governor's Prevention Advisory Council's (GPAC) Methamphetamine Implementation Workgroup in conjunction with the Department of Alcohol and Drug Programs' Technical Assistance contractor, The Center for Applied Research Solutions (CARS), prepared this guidebook for community coalitions.

The material in this resource guidebook reflects current information about meth, and evidenced-based approaches used by community coalitions to deal with the meth problem, representing a coordinated, multi-disciplinary approach to the meth problem which integrates prevention, early intervention, treatment, and suppression efforts. It also includes a comprehensive resource directory to assist community members in seeking out additional information.

Meth use represents a serious problem to our California communities. However, the concerned involvement of our community members, in partnership with appropriate agencies and organizations can make a difference. It is our hope that this resource manual will assist you in your efforts in dealing with this drug crisis in California.

Nancy Matson
Chairperson
GPAC Meth Implementation Workgroup

Spring 2007

Acknowledgements

This Resource Guide was prepared as a result of the combined efforts of a number of individuals who came together under the auspices o f the Governor's Prevention Advisory Council (GPAC), a collection of state agencies and organizations wh o have joined efforts to reduce the problematic use of alcohol and other drugs by youth and adults in California.

What began as a sugge stion by Deputy Director of the California Department of Alcohol and Drug Programs (ADP) Michael Cunningham to focus the Council's efforts on the prevention of methamphetamine use evolved int o the creation of a fact-finding A d Hoc Co mmittee o n Methamphetamine. This group, und er the dire ction of Lee Chamberlain, formerly of the Drug Enforcement Administration, met nu merous times between November, 2004 and March, 2005, to research the preventi on side of methamphet amine use. During this period, the Committee analyzed information on the current status of methamphetamine use and prevention efforts both state- and nation-wide and engaged the Community Pre vention Initiat ive (CPI), t he technica l assistance contractor f or the Department of Al cohol and Drug Programs, to prepare a background briefing paper on these topics. The Ad Hoc Committee's findings resulted in five recommendations for Council action, issu ed through a summary report highlighting the Committee's process, analysis, and recommendations.

In March, 2006 the Ad Hoc Committee evolved into the Methamph etamine Implementation Workgroup, which was charged by GPAC with putting into action the A d Hoc Committees' rec ommendations. Under t he new lea dership of Nancy Mats on of the At torney Gen eral's Office , and with new me mbership, the Meth Implement ation Workgroup created action pla ns for these recommendations, and selected initial goals for pursuit. The group focused on the recommendation to creat e Meth Action Teams at the local level (county) by first researching other action team models for lessons learned a nd guideline s, and th en focusing on how to imp lement this model across California. The Workgroup chose to create their own how-to guide for California counties on setting up action teams, and developing coa litions to coor dinate prevention, inter vention, and treatment.

By February, 2007 the Workgroup was in partnership with the Commun ity Prevention Initiative, by sponsorship of ADP, to develop this Resource Guide. After a period of planning and data collection by th e Workgroup, a draft of this Resour ce Guide w as prepared . Special th anks in this process go to Nancy Matson for her leadership of the Workgroup; Wendy Tully for her facilita - tion of workgroup communication and data co llection efforts; and Gloria Pingrey, for her provi - sion of a significant amount of methamphetamine-related statistical data. Resource guide materials were collected an d text was prepared by Joël Philli ps of CPI, with contribution s from Bron- wyn Roberts. Graphic layout and resources were completed by Alissa Nielson, also of CPI. Editing and review of the document was provided by Wendy Tully, Nancy Matson, Sherri Scott, Gwen Durling, Tom Gray, Mark Bertacchi, Michael Kelly, and Dan Wohlfeiler.

The following Methamphetamine Implementation Workgroup members have contributed to the development and production of the Resource Guide:

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Mark Bertacchi	Department of Alcohol and Drug Programs
Gwen Durling	Office of Emergency Services, Drug Enforcement Section
Timothy Gorsuch	Department of Alcoholic Beverage Control
Tom Gray	California Department of Public Health, Office of AIDS/STD Control Branch
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The Methamphetamine Implementation Workgroup would also like to recognize its past members:

Laurel Cima	California Department of Public Health, Office of AIDS/STD Control Branch
Keith Coppage	Department of Alcohol and Drug Programs
Kirby Everhart	Office of Emergency Services, Public Safety Branch
Dave Goss	Department of Alcoholic Beverage Control
Shirley Lessiak	Department of Justice, Bureau of Narcotic Enforcement
Kent Shaw	Department of Justice, Bureau of Narcotic Enforcement
Lee Chamberlain	U.S. Drug Enforcement Agency

Finally, this work could not have been done without the help and assistance of ADP's contractor, the Center for Applied Research Solutions' (CARS), Inc. Community Prevention Initiative (CPI) and, specifically, the efforts of Joël Phillips.

This Resource Guide represents the first step in an ambitious plan by GPAC and its members to address the problem of methamphetamine use for all the individuals and communities of California.

Section 1
Introduction

Methamphetamine production and use have tre mendous economic and social cost for communities throughout the U.S. and California. This debilitating drug is a major direct burden to criminal justice, health, and behavioral health agencies, but its impacts ripple far beyon d these core enforcement and health impacts. Methamphetamine users are the fastest growing population in our state's drug treatment facilities. Far too often, their children suffer abuse and neglect requiring social services intervention as a result of this use. Children exposed to methamphetamine environments are at gre ater risk for physical, em otional, as well as developmental harm. Environmental damage and costs associated with cl eaning lab locations are burdensome to county and state a gencies. The insidious effects of methamphetamine spread to child a nd family services, education, and e ven the environment. This se ction will explore these themes related t o meth use and provide you with background on this serious public health issue.

What is methamphetamine?

Methamphetamine is a highly addictive, extremely potent, synthetic stimulant. It is classified b y the U.S. Food and Drug Ad ministration as a Schedule II amphetamine, indicating it is a su bstance with h igh potential for abuse and dependence. It is used for medical purpose s in the tre atment of asthma, narcolepsy, attention deficit disorder, and obesity. As a street drug, meth come s in many forms: a white, odorless, bitter-tasting crystalline powder dissolvable in water or alcohol; a solid, or la rge, chunky, clear crystals that are smoked.

Common terms for
Methamphetamine:
Speed
Meth
Chalk
Ice
Crystal
Crank
Glass

What is involved in using meth?

Methamphetamine Hydrochloride can be used in a variety of ways. It can be smoked, snorted, injected, or taken orally. The method in which it is taken affects the immediacy and intensity of the experience.

- *Smoking* or *injecting* meth causes an intense rush within seconds, and lasts for only a few minutes. Smoking meth causes an effect within 7-10 seconds. An intravenous injection takes effect within 15-30 seconds, while an intramuscular or under the skin injection is felt within 3 to 5 minutes.

- *Snorting* meth brings on the effects within 3 to 5 minutes.

- *Orally ingesting* meth causes effects within 20 to 30 minutes.

- *Suppositories* take effect in 10 to 15 minutes.

- *Transdermal* (through the skin) absorption takes 1 to 2 days.
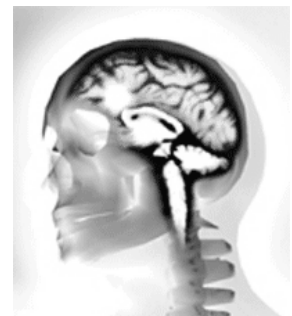
Ingesting m eth increa ses the re lease of dopa mine in the brain, while blocking dopamine re-uptake. Physically, it causes incre ased heart rate, blood pressure, bo dy temperature, and rate of breathing. It manifests increased talkativeness, higher energy, stamina, and libido levels, and a sense of invulnerability and self-confidence. It also acts as an appetite suppressant. Overall, the rush from meth use typically lasts 4 to 6 ho urs, but can last up to 12 hours, and bingers often stay high for 3, 4, or even 10 days at a time.

How is meth made and produced?

Meth is made from chemicals extracted from readily available products and "cooked" in simple, often portable, laboratories or large-scale super labs. All methamphetamine labs are dangerous because they contain chemicals which are flammable, toxic, reactive, and corrosive, including the following:

Medications, such as over-the-counter cold medicines and diet pills (containing ephedrine).

Household products, such as lithium camera batteries, matches, tincture of iodine, and hydrogen peroxide.

Flammable products, such as charcoal lighter fluid, gasoline, kerosene, paint thinner, rubbing alcohol, and mineral spirits.

Corrosive products, like muriatic acid used in pools and spas, sulfuric acid found in battery acid and sodium hydroxide from lye-based drain cleaners.

Fertilizers, such as anhydrous ammonia.

The ephedrine-reduction process of cooking meth is the most popular method of prod uction, as it is simplest an d uses easily accessib le products. Ephedrine is almost chemically identical to methamphetamine, and thus require s only being combined with hydriodic acid to be transformed. Pseudo ephedrine—the substance f ound in over-the-counter cold medicines—can b e used in t he same way as ephedrin e. Meth producers use another easily accessible ingredient —the dietary supplement methylsulfonylmethane (MSM) — to "cut" meth and increase the amount produced.

The production of meth is often done in hidden, yet portable, drug labs lo cated in homes, motel rooms, rented storage spaces, and automobiles.

How did meth originate?

Amphetamines were first developed in Germa ny in 1887, although not used until the 1920s when they were first examined as a potential cu re for a wide range of a ilments. By the 1930s, amphetamines were introduced in over-the-counter nasal decongestant s and bronchial inhalers for asthmatics and allergy sufferers, but were soon used for recreational purposes by individuals to get high.

Methamphetamine was first produced in Japan in 1919 and became u sed prevalently during World War I I to help sol diers mainta in their stamina. Follo wing the war, military st ores of the drug became available to the public, and meth use became prevalent.

By the 1940 s meth was made legally in pill form in the U.S., and available by prescri ption, but was abused non-medically by vari ous populations to which "uppers" appealed—i.e., athletes, night-shift workers, biker gangs, and students. Soon, meth in its inje ctable form be came more common, and the federal government responded.

The 1970 Controlled Substances Act restricted t he production of injectable meth, resulting in it s decline. However, b y the 1980s drug manufacturers from Mexico were exporting meth illegall y to the U.S. Over the next two decades, meth p roduction a nd meth use expanded across the U.S., refining the sub stance and increasing its potency. T oday, meth is con sidered the fastest growing drug threat and most prevalent drug manufactured in the U.S. (OVC Bulletin).

Who uses meth?

The 2005 National Survey on Drug Use and He alth found in 2005 that 10.4 million Americans age 12 and above had t ried meth in their lifetime s. While there is no current typology, there are certain demographics linked with meth users.

- Age: Many meth users are young, in their la te teens to early 20s. National Survey on Drug Abuse trends show that young adults aged 18-25 are more l ikely to have used met h in the past year than youths aged 12-17 or adults over the age of 26.

- Race: The largest number of meth users is wh ite; however, high rates of use are f ound in Native Hawaiian or Pacific Islander and American Indian or Alaskan Na tive populations, as well as with persons reporting 2+ races.

- Sex: Males and females tend to make up equal proportions of users.

In recent years, meth seems to be on the ups wing in popularity, especially among certain areas of the country and subgroups of users.

Geographical prevalence of meth use.

Certain areas of the U.S. have tra ditionally be en hotbeds for meth use and production. The 2005 National Surve y o n Drug Use and Health found in 2005 that reported past year use of meth was most prevalen t in Nevada, Montana, and Wyomin g, and also high in Arizona, Idaho, New Me xico and Oregon. In contr ast, the nort heastern U.S.—specifically, Connecticut, Mary- land, Massachusetts, New Jersey, and New York—have the lowest past year rates of meth use. The National Institute on Drug Ab use Epidemiology Work Group findi ngs also point to meth abuse bein g especially prevalent in the weste rn U. S., spe cifically in a reas like Ho nolulu, Sa n Diego, Seattle, San Fra ncisco, and Los Angele s. However, the meth problem is spreading to other areas of the U.S., as well, including sections of the South and Midwest.

Subgroups of concern for meth use.

One subgroup of concern for greater behaviors of risk related to meth use is men who have sex with men (MSM). Res earch has f ound a stro ng link betw een MSM who are meth users, and

sexual risk factors (i.e., using condoms less often, having a greater number of sexual partners, and having sex that puts one at greater risk for HIV). Another subgroup of concern is women of child-bearing age, due to the serious danger posed to fetuses by meth use during pregnancy.

What are the consequences of meth use and production?

The consequences of meth use and manufacturing are severe and far-reaching: to individuals using the drug, to individuals producing the drug, to those in contact with drug production, and to the environment.

Impacts from Meth Use

As explained, meth abuse has many short- and long-term severe health consequences.

Short-term side effects of meth use can include the following:

- ✗ Teeth grinding
- ✗ Compulsive behavior
- ✗ Convulsions
- ✗ Stomach cramps

- ✗ Extremely high body temperature
- ✗ Cardiac arrhythmia
- ✗ Stroke

Chronic use of meth can cause the user to develop a higher tolerance, which leads to increased levels of use to maintain the original high. In chronic and high doses, meth can cause increased nervousness, paranoia, irritability, confusion, and insomnia, or even violent behavior.

Long-term effects include physical, mental, and behavioral symptoms.

- Physical symptoms include decayed teeth, weight loss, sunken eyes and cheeks, dry skin, skin lesions, stroke, or heart attack.

- Mental symptoms can mean paranoia, hallucinations, depression, anxiety, or irritability.

- Behavioral symptoms like aggression, violence, and isolation.

> **Meth use & HIV, Hepatitis B**
>
> *Transmission of HIV and Hepatitis B and C may be a consequence among meth users due to their sexual contact and tendency to re-use syringes, needles and other injection equipment. If equipment becomes contaminated with one of these diseases, the unsafe behavior of meth users leads to the spread of disease, as well. In addition, meth abuse may worsen the progress of HIV.*

Chronic meth use significantly changes the functioning of the brain. High dosages of methamphetamine have been shown to damage neuron cell endings in studies involving animal research. With humans, such levels of use are associated with changes in the level of activity in the dopamine system which manifest into reduced motor speed and impaired verbal learning. More recent studies have also shown significant changes in the areas of the brain associated with emotion and memory.

Impacts from Meth Production

Manufacturers of meth "cook" the drug in clandestine laboratories. In the course of production, these cooks handle toxic, corrosive materials; many of the substances involved are harmful or lethal when inhaled or touched, or can produce violent chemical reactions when exposed to certain conditions. Cooking meth produces toxic vapors that pose serious health dangers to the

meth cook and anyone in the vicinity, or whom la ter enter the site, including children, neighbors, or law enforcement personnel. These chemicals ar e known to have long-term ad verse effects, as well, such as organ damage and cancer.

Potential dangers to children living at meth labs:

- *Chemical contamination*
- *Fires and explosions*
- *Abuse and neglect*
- *Hazardous lifestyle*
- *Social problems*
- *Other risks (dangerous animals, exposure to sexual activity)*

For children subje cted to living   in close proximity to a meth lab, th e dangers are innumerable. Yout h may in- hale, absorb, or ingest some of the readily available toxic substances, or even th e meth smo ke from using adults. According to one count, from 2000-2002, 3,215 children in the U.S. were residing in meth labs a t the time of seizure. It was estimated that   2,500 had been exposed to toxic chemicals. Over these three years, 52 children were in- jured in meth-lab relate d incidents, while 5 were killed (OVC Bulletin).

The manufacture of meth has seve   re environment al conse quences.   Contamination leaks to surrounding indoor and outdoor air, ventilation systems, interior furnishings, and   even to soil and ground water. Producing one p ound of the drug yields five to seven pounds of t oxic waste, which is u sually disposed of down d rains, in fields or yards, in bodies of water, or in other rural areas. These substance s may linger in the ground and water for years. In additio   n, the pres- ence of meth productio n has profound social e ffects, from increased cr ime to burdens on the justice system, public safety departments, medical providers and social services.

Is there a meth lab in your neighborhood? Consider the following signs:

- *Unusual, strong odors (like cat urine, ammonia)*
- *Unusual number of chemical containers near the property*
- *Bottles and jugs used for secondary purposes*
- *Windows blacked out or covered*
- *Extensive security around residence (video cameras, reinforced fences)*
- *Excessive water usage, water lines or electrical cords running to basement or outbuildings*
- *Unusual amount of exhaust fan noise or window sweating*
- *Boxes, bags or suitcases often carried in or out of residence*
- *Little or no traffic during the day, but lots of traffic late at night*
- *Little or no mail, furniture, visible trash or newspaper delivery*

No definitive cost impact associated with methamphetamine use has been undertaken; however the literature reveals some information that is suggestive of the enormou s costs associated with methamphetamine use. Oklahoma estimated that one methamphetamine lab can cost the state $252,000 in correction s-related expenses, $5,0 00 in court costs, $17 ,000 in proper ty damage , $50,000 cost to employe rs, $20,000 in mental health expenses, $54,000 for treatment, $12,000 in child welf are services and $3,500 in toxic waste cleanup to decontaminate the ar ea, totaling: $461,500. The Kansas Bureau of Investigation   estimates t hat 50% of property crimes in se- lected com munities are meth-related. One stu dy estimates the co st of a sing le meth-exposed infant over his or her lifespan can total over $1.7 million (O klahoma Pseudo-ephedrine Control Act).

What is the status of meth use in California?

California represents on e of the mo st concentr ated regions of metha mphetamine use in the United States. In recen t years, a rise in three state-wide indicators relating to meth treatmen t and enforcement has been observed.

Admissions to treatment.

For publicly funded alcohol and oth er drug treatment progra ms across t he state, ad missions of methamphetamine users are on the rise. Trend data from 2000-01 to 2004-05 show admissions among met hamphetamine users as a proportion of all admissions in creasing fro m 18.5% in 2000-01 to 34.2% in 2004-05. This data comp ares meth u sers to the entire population of pa- tients based on primary drug type at the time of admission to treatment. In 2000-01 there were 40,851 admissions of meth users to publicly-funded alcohol and other drug treatment programs in California and 77,781 in 2004-05, representin g a 95.2% increase (Source: California Alcohol and Drug Data System, California Department of Alcohol and Drug Programs).

Arrests for meth-related offenses.

In the 2001-02 Fiscal Year Budget, the Governor of the State of California committed $60 million dollars to fund the creation of the California Multi-Jurisdictional Methamphetamine Enforcement Team, for the purpose o f reducing p roduction, distribution and availability of meth, and increas- ing meth-related enforcement. The project involves 16 cou nty law enforcement agencies from predominantly rural area s of Norther n and Central California . In 2005-0 6 the CAL-MMET team made 1,102 arrests thr oughout the 16-county area for meth-related of fences—almost a 10% increase, as compared to 1,022 arrests made in 2001-02.

Seizures of meth labs.

In 2006 the re were 336 seizure s of clande stine methamph etamine lab s across Ca lifornia, u p from 282 seizures in 2005. This represents a 19% increase in the level o f meth lab a ctivity from one year to the next. For 2005, California ran ked sixth in the nation for the number of meth laboratory seizures that year—only five states had more meth lab seizures.

What next?

As explained here, methamphetamine use is highly problematic—not only for the users who suf- fer damaging short- and long-term physical, mental, and behavioral effects, but also for families, communities, and socie ty, overall. The consequences of meth use and production bring harm to children and the environment, and cost significant amounts of resources in almost every area of public health and safety. Nonetheless, despite these severe and widespread con sequences, methamphetamine use and product ion is on t he rise, especially in our state of California. Please help stop the disastrous con sequences of meth use to the people of Califor nia by using the rest of the materials in this reso urce guide t o help you address this significant public health issue in your community.

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The involvement of Communit y Coalitions to combat alcohol and drug abuse has been a presence on the national scene for the past two decades. In th e early 1990s, the Center for Substance Abuse Preventi on (CSAP) l aunched a major funding initiative in support of communit y partnerships to more ef fectively coordinate prevention planning at the local le vel. Currently, the Office of National Drug Control Policy (ONDCP) and the US Department of Justice fun d hundreds of commu nity partnerships thr oughout the country. T he Community Ant i-Drug Coalitions of America (CADCA) e stimates over 5,000 anti-drug coalitions a re currently operational in the United States today.[*]

Increasingly, states an d communit ies have concluded t hat the use of community coalitions is the key strategic approach to minimizing the social and economic cost s associated with meth use. There have been several publicat ions (see in sert) written to support the development and use of communit y coalitions to deal with the meth problem.

This Guidebook, and this chapter in particular, has been prepared to assist California communities in forming successful local coalitions. It builds on the guidance and lessons learned by other communities who have used this strategic planning approach.

> ### Guides for Forming a Community Coalition
>
> *The resource section of this guidebook contains numerous resources for assisting you in forming your local coalitions. There are three guidebooks that specifically examine the issue of mobilizing community actions.*
>
> **Meth: Our Nation's Crisis: Toolkit for Change**
> *Published by Hazelden Press, this toolkit includes an overview guide for establishing a community coalition as well as specific guidance for various professional and non-professional sectors in the community (e.g., health professionals, parents, etc.).*
>
> **A Community Action Guide: Assisting you to take action and reduce drug use in your community.** (2006)
> *Prepared by the Oregon Partnership, this manual examines a number of options for dealing with the meth problem, including the mobilization of community resources through partnerships.*
>
> **Crank it Up! Implementing Methamphetamine Prevention Initiatives in your Community.** (2006)
> *Prepared by an inter-agency task force, this document focuses on 12 strategies involving retail, media, law enforcement, schools and the general public.*

Why Have a Coalition?

Before reviewing each of the key steps associa ted with imp lementing a community coalition, it may be useful to exa mine the underlying purpose for forming this type of organization. Community Coalitions offer several distinct advantages.

- *Broad Community Involvement.* A Community Coalition draws upon the collective interests, skills, enthusiasm and resources not typically available through a single agency.

- *Resource Sensitive.* Community Coalitions can, when configured appropriately, avoid duplication of services and ensure focused attention is provided to the issue.

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[*] "Tackling Meth: A Community Action Guide – Helping you Reduce Drug Use in Your Community" The Oregon Partnership, 2006.

- *Comprehensive Planning.* Community Coalitions often represent the best vehicle in developing community-wide initiatives on a variety of issues or concerns.

- *Supportive Team.* Because of the involvement of multiple partners, community coalitions are less sensitive to the effects of individual burnout or waning enthusiasm of one or a small number of volunteers.

Community Coalitions can take one of three forms (Phillips and Springer, 1997).

1. **Comprehensive Service Coordination** typically involves various components of the professional service agencies and are formed to reduce fragmentation, gaps and redundancies in service delivery. (This model was the initial basis for CSAP Community Partnership Initiative.)

2. The **Citizen Mobilization** strategy is based in community activism that emphasizes voluntary cooperation, self-help and mutual aid among residents of a locale. This strategy focuses on mobilizing and organizing the indigenous resources of a community, rather than depending on professional helping services from the outside community. This largely "bottom up" approach has been a preferred model for some funding sources.

3. **Community Linkage.** A third model is really a combination of the previous two. It is based on the idea that service agencies need strong links to communities to gain access and relevance, and that community and citizen-based efforts need the resources and technique of service organizations. The need is to build vertical linkages between formal and informal organizations in the community.

Characteristics of Effective Community Coalitions

Based on the experience of the CSAP Community Partnership Initiative (1990-1995), Phillips and Springer (1997) prepared an overview examining the lessons learned in implementing these community coalitions. The full article is available at www.cars-rp.org. A summary of the ten lessons follows.

1. *Unclear purpose is a major impediment to successful collective action by voluntary coalitions*
2. *Membership configuration must be appropriate to shared purpose and strategy*
3. *Maintaining active participation depends on meeting the participation needs of members*
4. *Inappropriate organizations can impede collective action by voluntary coalitions*
5. *Planning is important, but it must be adapted to coalition purpose, organization, and membership*
6. *Leadership can take different forms, but it is essential*
7. *Coalitions often gravitate toward strategies that are not sufficient to the nature of the problem*
8. *Facilitating community-based collective action requires appropriate roles for paid staff*
9. *Effective collective action requires a willingness to change in order to achieve results*
10. *Clear purpose, appropriate planning, and a commitment to results will produce effective collective action*

Each of these models can provide operational guidance to the design and function of a coalition-based community intervention. Each is appropriate for some purposes in some settings. Coalition-based interventions struggle, however, when there is not a clear, shared understand-

ing of the coalition model. We recommend the third model approach for the California community meth coalitions. It draws upon the strength, resources, and opportunities provided by the service sectors and the willingness, energy and understanding of community needs as represented by the citizen activists. Independent of the type of coalition structure you implement, research indicates that coalitions that fail to clearly articulate a purpose, with outcome objectives that are focused and specific, will fail. As Phillips and Springer (1997) stated:

> *"Many coalitions adopt broad statements of purpose that are not operationally linked to specific community conditions that can be changed and monitored. These kinds of goal statements do not provide operational guidance for the development of action programs (e.g., target population, specific problem behavior or outcome to be changed, method of intervention). Without focused, outcome-based statements of the problem to be addressed, purpose cannot be linked directly to programmatic action. A focused, programmatic action is the key to successful interventions."*

This section has been specifically developed to assist you and your coalition to avoid problem areas that have hampered community partnerships in the past.

STEP 1: Starting a Coalition

The development of a community coalition is generally in response to one of three catalytic situations.

1. **Community Event of Concern.**
Citizen mobilization coalitions are often started in response to a troubling or even tragic local event (e.g., meth-related overdose) (see insert: One Community's Response to Meth – Round Valley).

2. **Funding Opportunities.**
The availability of funding is often a significant factor in developing a community coalition. The Office of National Drug Control Policy provides funding to hundreds of local coalitions concerned about alcohol and drug use among the adolescent population.

3. **Planning Efficiencies.**
A driver in forming the community coalition service model is the recognition to avoid duplication of services, close service gaps and increase system efficiency in dealing with, in this case, the meth problem.

One Community's Response to Meth – Round Valley

The following is a letter from a Round Valley community member about their experience in forming a community coalition after a tragic methamphetamine-related death. The organization responding with technical assistance was the Center for Applied Research Solutions (CARS) through their Community Prevention Initiative (CPI) contract with the California Department of Alcohol and Drug Programs (ADP). These services, as of May 2007, are available to other California communities interested in forming a community coalition.

In the fall, 2005, after the death of a young man crashing from methamphetamine, the Round Valley community decided they had had enough of the toll it has taken on their citizens. They contacted their Board of Supervisors representative, Hal Wagenet, for some support. Hal then contacted me. I attended an initial meeting in October and was amazed and pleasantly surprised to see how broadly represented this effort was. There were people from local schools, the faith community, local businesses, the Sheriff's office, Tribal police, Indian Housing, the local health center, domestic violence, and other concerned citizens all meeting with the goal of reducing meth use in their beautiful valley. They had a great goal but they did not know how to organize themselves. That is when I contacted CPI. With the guidance of these professionals, the Wolf Project is now a well-known coalition. There are 3 co-chairs and several committees who are working together to make a better community. They hold monthly meetings at the local firehouse open to anyone and host monthly potluck community meetings each with a different topic at the elementary school in an effort to educate people about the dangers of substance abuse, particularly meth. This is an ongoing process. Now other communities in Mendocino County are looking to the Round Valley model. I am forever grateful for the work of the fine folks from the Community Prevention Institute.

Thus, you might find local prevention services fo rming an alliance with treatment, law enforcement and other social and educational agencies in order to develop a comprehensive approach through the pooling of resources in a direct, concerted manner.

Regardless of the genesis for esta blishing a coalition, and again our preference is for an approach that incorporates both repre sentatives of professional agencies and community volunteers, there are distinct processes that can increase the odds for having a successful collaboration.

Role of the Originating Group

We've identified several potential catalytic situations that can trigger an interest within a group of individuals to deal with t he situation through the use of a communit y organizing structure. (Remember: the catalyst need not be a tragic event, but could be in response to funding opportunities or the recognition o f the need t o improve coordination among the service providers.) This group is called the Originating Group [†]. This small group has two important functions to pursue. They are:

1. Review potential goals and objectives of the collaboration; and,

2. Identify membership criteria.

It is not the purpose of this initial workgroup to finalize both of these important issues, but rather to begin th e process of providing a structural framework for how the coalition will function, recruit volunteers, and how their objectives will be accomplished.

Preliminary Goal Setting

All the guidebooks for achieving a successful coalition begin with the basic rule:

Coalitions must have a clear purpose, goals and objectives specifying intended outcomes.

At this juncture, it may be premature for the coalition to stipulate all the goals and objectives, but it is reasonable for the initial pla nning workgroup to draft a written statement of purpose or mission.

> ### Example of a Written Purpose
>
> *Reduce methamphetamine manufacture and sale in our county.*

Factors to consider in developing a purpose or mission statement include:

- Focus on a specific aspect of meth use (i.e., use among adolescents) or on multiple problem areas (i.e., manufacturing, treatment, etc.)

- Focus on organizational response (i.e., need to coordinate services better among the potential service providers).

- Focus on a specific geographic area.

The group should deci de if its ove rall purpose will be one of organizational capacity building, advocacy, policy development, service delivery or a combination.

[†] The Community Collaboration Manual (1991) page 9

Membership Criteria

Obviously, t he determination of coalition purp ose begins the process of identifying potential members to participate in the effort. Factors to consider in determining potential members include:

- Access to resources;

- Knowledge about meth (supply or demand reduction policies and approaches);

- Key stakeholders (e.g., school system, law enforcement, health care, pharmacies, etc.);

- Interest;

- Availability; and,

- Divers ity.

> ### Examples of Questions to Consider in Developing Membership Criteria
>
> *A list of potential questions for determining membership criteria was identified in a publication on community collaborators prepared by the National Assembly of National Voluntary Health and Social Welfare Organizations.*
>
> 1. *What are the geographic boundaries for the collaboration?*
> 2. *What sectors will be involved in the group (i.e., business, non-profit, government, grass roots)?*
> 3. *Who will be required to represent each organization (chief, board member, volunteer, staff)?*
> 4. *Must organizations be working actively in the problem areas?*
> 5. *What level of commitment will be required for membership? (Will a specific level of financial commitment be required?)*
>
> *From "The Community Collaboration Manual" prepared by the National Assembly of National Voluntary Health and Social Welfare Organizations. (1991) page 10*

STEP 2: Building the Collaboration

We have discussed issues in forming a commun ity coalition – selecting a type of structure (service-based versus citizen mobilization), developing a purpose or mission statement, and choosing criteria for select ing members. Another early phase activity concerns making decision s about the governance structure of the coalitio n, including such issue s as organization of th e group, decision making, frequency of meetings, and communication patterns.

Structuring the Community Collaboration

There are different orga nizing structures possible in developing your community collaborations. The final str ucture will d epend on in terest of the participants, access to resources, mandatory requirements (in the case of a fund ed community planning grant or contract) and the developmental progress of the coalition itself. There are four broad structural options.[‡]

[‡] Some of these distinctions in structuring community coalitions have been adapted from the Community Collaboration Manual

Ad Hoc versus Ongoing

The Community Collaboration manual points out, "many collaborations begin as ad hoc committees, coalitions or task forces" (page 16). The advantage of an ad ho c structure is that it provides an "opportunity for organizations to commit to time limited process… [Often] there is a well developed end product expected from the group with a time limit on completion." Ongoing structures generally involve long-term commitments from the participants at the outset of the collaboration's formation.

Formal versus Informal

Often it is th e case that a collaboration begins as an informal workgroup, however, as they mature they tend to move t o a more formal, often permanent structure. Exhibit 2.1 presents the differences between informal and formal community collaborations.

Exhibit 2.1 *Differences between Informal and Formal Collaborations*	
Informal	Formal
Verbal understanding of purpose	Written mission statement of the group's task by the sponsoring institution
Flexible roles for members	Clearly defined roles for members
Membership open, no defined criteria	Clear membership criteria
Relatively little commitment from organization required	Formal commitment required, usually with board approval
Can respond more quickly to changes in members' needs	Change in mission of organization often a lengthy process
Leadership often spontaneous, sometimes sporadic	Formal leadership and decision-making system developed and approved by membership
Limited access to resources	Often requires a commitment from members to provide or obtain resources
Can move quickly on activities if members are motivated	Can get stuck in the process and lose momentum

Source: The Community Collaboration Manual

Open versus Closed Membership

A decision facing community coalitions is whether membership will be open or closed. There are benefits and disadvantages with either choice.

Some benefits to an open membership structure are:

- They allow anyone who meets membership criteria to join; and,
- Generally, they are perceived as more inclusive to community member participation.

However:

- Open memberships can get too large, making decision-making difficult;
- More me mbers can of ten slow pr ogress in implementin g strategie s, policies o r approaches;

- Open membership, by their size, can create disagreements concerning the direction and even purpose of the workgroup; and,

- Large-sized groups tend to dilute the energy of the overall group process, resulting in increased membership attrition.

The Community Collaboration Manual identifies another governance structure for community coalitions. They give the term **inward** versus **outward** to describe whether the orientation of the collaboration is *inward-focused*, where its intention is on meeting the needs of the member organizations or *outward-focused*, in which case the collaboration and its members are focused on adhering to a specific issue of concern (i.e., methamphetamine) and, thus, the workgroup clearly wants to ensure the key community stakeholders are invited to participate in the planning process.

Other factors exist that are critical to the success of your local coalitions: leadership and the decision-making process selected by your members.

Leadership

According to Phillips and Springer (1997), leadership in a community partnership can take different forms, "*but it is essential*" in having a functional, successful partnership. As stated in their Lessons-Learned document, "Conveying purpose, motivating members, and establishing action programs depend upon creating clear, well-defined opportunities for action that suit the participation needs and resources of members and volunteers. The essential job of leadership in coalition-based community interventions is to provide, or facilitate provision of, these opportunities. Again, the core function of leadership is to ensure the timely creation of specific action programs and projects that allow members to achieve a sense of satisfaction and accomplishment. A fatal error in many coalitions is to approach the community and ask that they develop and plan the action programs for the community intervention without sufficient clarification or guidance. This lack of leadership underlines instability and stagnation in many community interventions."[§]

One of the findings from the AOD community partnership initiative funded by CSAP during the early 1990s was the subordination of leadership, defined as an individual value, to the overall functionality of the coalition. A person with a clear vision of coalition purpose, and concrete ideas about the strategies necessary to get there, can exercise effective leadership in a coalition. However, understand that while simple charisma or motivational ability may generate enthusiasm and support, it is the clear creation of opportunities for effective participation of the targeted coalition membership that is the key to producing positive coalition outcomes. In short, one individual alone cannot effect the desired changes without the assistance and support of others.

[§] Phillips and Springer (1997) page 6

There are several basic options for selecting leaders:[**]

- Leadership rotates among participants based on length of involvement (e.g., 6 months, one year);
- Coalition members elect leadership;
- Board of Directors – or some other governance structure – appoints leadership; or
- Members volunteer

Decision-Making

The third component in building the collaboration concerns the selection of a decision-making system for the coalition. There are two basic approaches, with some variations, used by community collaborators. They are:

- Consensus; or,
- Group vote – this can involve various voting procedures (e.g., ranking or choices, percentage required, etc.)

A consensus decision-making process requires that all members in the coalition agree to a proposed choice (decision). This model typically involves extended discussions among the membership participants, with some give and take to ensure the final decision incorporated all points of view. Depending on the issue, this can be difficult to achieve. In these cases, the group can resort to a vote, involving a simple majority or some other percentage or agreement.

Voting is a common approach to decision-making. Issues associated with this choice of decision-making are:

1. Clarity as to *who* can participate in the voting process; and,
2. Determining the vote count to be used (e.g., simple majority or some other percentage).

STEP 3: Needs Assessment

Conducting a community needs assessment should be the first priority of the newly formed coalition. It involves the collection and analysis of two different sets of data which will inform the planning process (Step 4). Specifically, the needs assessment process will provide a picture of **1) the dimensions of the meth problem in the community** and **2) the availability of resources and services to address these problems**. This section provides a brief overview on how to manage these two data collection efforts.

> ### Needs Assessment Definition
>
> *A research and planning activity that seeks to identify the extent and types of existing and potential drug and alcohol problems in a community, the current services available in the community, and the extent of unmet needs or under-utilized resources in order to plan appropriate prevention services, strategies or approaches. – US Department of Health and Human Services*

[**] Based on the TDCC Manual

Problem-Definition Needs Assessment

The first order of busine ss for the communit y coalition nee ds assessment effort is the develop-ment of a data collection plan to define the nature and scope of methamphetamine use and con-sequences of this use in the community. There are several data collection methods and sources for getting this type of information, including:

- Key informants (e.g., practitioners, experts, community leaders);
- Community forums and other group processes;
- Community surveys (of whole populations or sub-populations); and,
- "Archival" or "social indicators" data.

Each of the se data collection methods have certain advantages (e.g. , ease of co llection) and disadvantages (e.g., expense) associated with their use. For California community coalitions, we suggest developing the data collection plan with an emphasis on these methods. (Note: a separate di scussion on identifying the availability of resources, the second component of a needs assessment, follows this discussion).

Key Informants

This method of collecting data relies upon the knowledge and experience of selected individuals – people working with the target populations involved with meth, community leaders, community activists, prevention and treatment professional s in the community, agency administrators, law enforcement, and others. Key informant data can be collected by in terviews conducted in-person or over the phone.

Exhibit 2.2 *Key Informants*	
Advantages	**Disadvantages**
Inexpensive	Information may not be inclusive, and may reflect a limited perspective
Efficient way to focus on key issues	
Can provide rich information because of the knowledge base of informants	Information is mostly qualitative
	Information is challenging to summarize because the analyst must identify similarities and differ-ences and assign relevance

This method of data collection has t he advantage of being inexpensive. It is an efficient way of synthesizing knowledge and informed perception s of those included in key informant interviews or surveys. You can quickly zero in on relevant facts, key issues, and solid solution ideas. Inter-views are an opportunity for substantive communication du ring which complexities and nuance s can be explored.

Key informa nt data also comes with disadvantages. This t ype of information is "subjective," meaning that comments and conclu sions derive from the interpretations of the interviewee. It is also "qualitative," meaning that you are getting the perceptions and opinions of the people being interviewed. This makes it important to includ e persons fr om different parts of th e communit y and from dif ferent professional poin ts of view. Another disadvantage of key informant data i s that interview data requi res skill to r ecord and summarize effectively. It can be difficu lt to recog-

nize the range of viewpoints contained in the interview data, to identify similarities and differences in these points of view, and to report on the information clearly and with relevance.

<table>
<tr><td colspan="2" align="center">**Suggested Topics to Cover
in the Interview***</td></tr>
<tr><td colspan="2">– *Extent of the meth problem in the community*</td></tr>
<tr><td colspan="2">– *Populations at greater risk*</td></tr>
<tr><td colspan="2">– *Awareness concerning meth use in the community*</td></tr>
<tr><td colspan="2">– *Awareness of services*</td></tr>
<tr><td colspan="2">* These individual perceptions may or may not be accurate</td></tr>
</table>

Community Forums and Focus Groups

The use of community forums and other group processes has been a popular approach for gathering information concerning general alcohol and other drug (AOD) use. In using a community forum, you have an opportunity to gather needs perceptions from a group in an organized and disciplined fashion. These approaches can be relatively informal, allowing community members to volunteer opinions and voice their concerns in a formal setting. They can also be more structured, using "Nominal group," "Delphi" or other techniques to facilitate structured consideration of issues by community representatives. Focus groups are a popular method of getting community input that is more structured than a community forum, but less structured than the closely facilitated techniques.

Exhibit 2.3 *Community Forums and Focus Groups*	
Advantages	**Disadvantages**
Relatively inexpensive	Information is mostly based on perception, belief and attitudes
Efficient way to get information from large numbers of people	Information is mostly qualitative, requiring interpretation
Provides opportunity to build support for study objectives	Information is challenging to summarize
Truly exploratory, getting the community perspective	Groups may not be representative of the whole community

As with the key informants approach, a community forum process can be relatively inexpensive to implement. Getting large numbers of people in a room all at the same time offers an opportunity to be efficient in the data collection process. Perhaps an even greater benefit is the opportunity to build support and enthusiasm for meth initiatives, and in the case of a needs assessment study, for the objectives of the study.

Also, like the key informants method, the disadvantage of data from groups is that it is qualitative and subjective. Here again it is important for the group to be reasonably representative of the community being studied. Like conducting interviews with key informants, data collected from groups processes can be challenging to record and analyze. This is a good reason to use structured technique for working with groups – techniques designed to produce specific kinds of findings and conclusions.

Surveys

Surveys are a tried and true data collection method. By the term "survey," we are referring here to a structured questionnaire administered to a designated group of people. Surveys may be

categorized by the types of people t o which they are applied, such as t he following types commonly found in the general AOD prevention field:

- Key informants;
- Community coalition members;
- Service program practitioners;
- Employers;
- Schools;
- Students; and,
- Members of a community or target group.

Clearly, the objectives o f the survey effort and t he types of data sought in the survey depend directly on the audience to be surveyed. Here are some examples:

- A survey ca n be conducted of a co mmunity population or subpopulation to get information on commun ity characteristics, attitu des about meth abuse, prevalence, health behaviors, and other dimensions. Examples of subpopulations are youth or students, young adults, and members of a specific ethnic or racial group.

- Surveys of whole populations generally are only feasible if the communi ty of interest is relatively small, such as a neighborhood.

- Surveys of service providers usually seek in formation on services provided, characteristics of client populations ser ved, level of unmet de mand, perceptions of need, and other observations on substance ab use in the community served by the agency. T his will be d iscussed further later in this section.

- Surveys of schools can seek information on incidents re lated to sub stance abu se, perceptions on attitudes and tr ends, and p rograms and resources at the school directed t o substance abuse.

- Surveys of employers generally seek information on substance abuse problems in the workplace and programs and resources at the company directed to substance abuse.

In conducting a survey, it is necessary to identify the population to be represented in the survey and to construct a sampling plan t o select and reach a repre sentative sample of the population identified. Surveys can be categorized by how peopl e are selected to participate in the surve y. Three common alternatives are:

- *Representative* – a random sample of people representing a larger population;

- *Purposive* – people chosen to participate for a particular reason, as in the case of key informants or staff representing all service program providers; and,

- *Opportunistic* – people included in a survey because an opportunity presents itself, such as community members who attend a community meeting.

Surveys sh ould be d esigned to be consistent with sound principles of research methods, enhancing the validity and reliability of the data coll ected. Surveys can be conducted in person, by phone, by mail, or on the Internet. Remember, surveys can be expensive, particularly if administered to large populations or subpopulations in the community.

Exhibit 2.4 *Surveys*	
Advantages	Disadvantages
Structured way to collect data	Can be expensive
Possible to get high validity and reliability through proven methodologies	Survey instrument design and data analysis require technical research skills
Can provide broad representation of the community	Can be misleading if methods are not properly implemented
Can support many comparisons between community members	

To summarize, surveys offer a structured way to collect data and can be administered consistent with sound research methods. In addition to its primary purpose of gathering information, surveys have secondary purposes. They are a good way to educate people on the issue of meth abuse and build support for prevention objectives. They can also plant a seed to be cultivated later when seeking participation in prevention initiatives. The disadvantages of surveys are that they can be expensive to administer and require technical research skills.

"Archival" and "Social Indicators" Data

This data collection method makes use of data that already exists in information systems or data repositories available to the public. The custodians of these systems and repositories are often public agencies such as local and state government offices, schools, and law enforcement agencies. They can also be found in private and non-profit sector organizations such as health care providers and community-based programs.

In most cases, you will be accessing state agencies for information about your community. This is because all local agencies (e.g., law enforcement, treatment facilities, hospitals, etc.) forward their data to their respective state agencies. (See State Agency Sources for Data for a listing of the most relevant state data systems for potential indicators of meth use.) The problem with accessing data from these data repositories is two-fold. First, the information is generally only available at the county level, not by cities or neighborhoods. Second, the information is often one to two years old. This is because it takes time to process and clean the data from the multiple reporting agencies. This is why we recommend you conduct key informant interviews or a limited survey to get more contemporary assessment of the problem areas.

Exhibit 2.5 *Indicators Information*	
Advantages	Disadvantages
Data already exists and is available to the public	Data can be difficult to locate and acquire
Many kinds of data available that provide direct and indirect information on meth use in the community	Data comes in different formats
	Analysis for meaning and relevance of data is challenging

Let's look at some of the key state data repositories and see what kind of data we might collect on meth use. Note, all data should be displayed, if possible, by demographic characteristics (e.g., age, gender, ethnicity, etc.)

It can be a lot of work to gather indicators data. It may make sense to approach this exercise as more than a one-time effort. If maintained over time, indicators data can be a valuable source of data for a multitude of purposes beyond a point-in-time needs assessment study. Many communities have taken this approach. Some of these initiatives are broad in scope, encompassing a full range of community health indicators.

In summary, use multiple data collection methods. While indicator data can give you 'hand' counts, it only includes information on people who have been arrested or involved in a system of care because of their use. It does not necessarily tell you about the *extent* of use in a community. This information can be collected by carefully done surveys, and can be extracted by key informants (e.g., law enforcement) knowledgeable about your community and its needs.

Mapping Current Services

The other needs assessment process involves a mapping of current services available in the community to address meth use. By documenting the extent of the problem and the potential services available to meet these needs, it is possible to determine what gaps in services exist.

Existing prevention and treatment service programs are a particularly rich source of information. Programs can provide data on both available resources (services offered) and needs of clients serviced (services provided). While sometimes this information is obtained through the vehicle of a survey, as noted earlier, it is also possible to get this data directly from program staff through interviews or a review of program records. These records may produce hard data on services provided and unmet demand in the form of wait lists for services. Program staff can also provide valuable insights through structured interviews on meth use and abuse in the communities they serve. It may also be possible to obtain aggregated data on multiple programs for an entire county if programs participate in a reporting system that collects services data.

Data Repositories for Meth Use Information

- Criminal Justice Data (Source: *California Department of Justice, Office of the Attorney General, Justice Statistics Center*)
    - Arrests for all meth-related offenses
    - Sales/distribution
    - Possession
    - Manufacturing
    - Toxic sites
    - Lab seizures

- Other Treatment (Source: *California Department of Alcohol and Drug Programs*)
    - Methamphetamine treatment admissions

- Hospitalizations (Source: *Office of Statewide Health Planning and Development OSHPD*)
    - Hospital discharges for meth-related illnesses

- Mortality (Source: *California Department of Health Services, Vital Statistics Section*
    - Meth-related deaths

Meth-Specific Sources for Data

EPIC's (El Paso Intelligence Center) National Clandestine Seizure System
Data provided:
    - *2006 CA Meth lab seizures, by county*
    - *2005 CA Meth lab-related seizures, by county*
    - *2005 & 2006 CA Drug Endangered Children, by county*

CAL-MMET (Multi-Jurisdictional Meth Enforcement Team)
Data provided: 2005-2006, by county
    - *Meth arrests*
    - *Meth sites cleaned up*
    - *$ amounts of assets seized*
    - *$ amounts of meth seized*

California Central Valley HIDTA (High Intensity Drug Trafficking Area)
Data provided: 2006
    - *Drug seizures*
    - *Lab seizures*
    - *Drug prices*

DOJ DEA STRIDE (System to Retrieve Information from Drug Evidence) Drug Removal Report
Data provided: 2006
    - *Drug seizures by state*
    - *Drug seizures by region*
    - *Drug seizures nationally*

Exhibit 2.6 *Service Program Information*	
Advantages	**Disadvantages**
Data is related directly to substance abuse	Information on services provided may not reflect unmet needs in the community
Program staff can provide relevant and useful insights on meth abuse issues	May be difficult to deal with issues of confidentiality and security in data collection
Opportunity exists to obtain data specifically about clients and participants in meth abuse programs	Data collection from different programs is likely to be in different formats

One downside of getting data from programs is the tendency to rely too heavily on this data as a true representation of needs, services, or both. In reality, there could be significant   needs and services in the community that are not visible in the program data you collect. It may also be difficult to co llect data wit hout compromising con fidentiality o f program p articipants, particularly with regard to treatment programs. Finally, data   collected from a range of service programs is likely to be in very different formats, complicatin g the integr ation and pr esentation of summary conclusions.

Preparing for Planning

There are some initial activities that can help prepare for a successful collaborative effort—one that develops meaningful involvement and roles for the members. They include:

A Pre-Planning Meeting *of members who participated in the needs assessment process. This session is to decide who should be involved, purpose and goals of the planning workgroup, timelines, meeting place, use of facilitator and other logistical and procedural parameters.*

A Small Planning Workgroup *committed to initiating and setting parameters for the planning process is important for this workgroup.*

- *Keep it between 6 to 10 members.*
- *Try to get members from different perspectives.*
- *Involve representatives that will understand the data (problem and service resources) that were collected in the needs assessment process.*
- *Use familiarity with tactical planning in the development of action plans*

STEP 4: Developing a Plan

Simply put, planning h elps determine where you are goi ng, why you need to get there and how you   will get th ere. At the beginnin   g stages, community coalitions ofte n underestimate the need for the written plan. Often in these situations plannin g is informal or occurs almost spon taneously in response t o an issue raised in gr oup discussions. However, to truly be succe ssful, community collabora tors must employ a thoughtful, deliberate process in developing their plan. In th is sect ion, we will examine some of the key elements in developing community-based plans of action to effectively deal with meth use.

Planning activities ca n be more or less bro ad in scope and take place at varyin   g levels of specificity. There are two broad approaches used: strat egic and   tactical plan ning. Both have relevancy for community plan ning efforts. Let's examine what is meant by each of the se planning efforts.
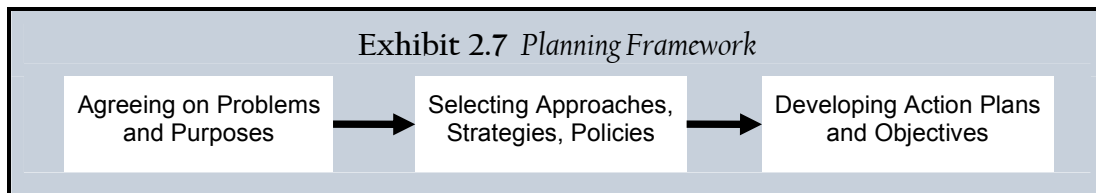
As typically defined, the focus of a strategic plan is usually on the entire organization or initiative rather than on a particu lar product, service or p rogram. Strategic plann ing implies t he "big picture" focusing on clarifying overall mission and goals for the organization, often identifying alternative ways of getting there. This big picture st rategic plan ning often emphasizes the development of mission statements that identify a vision of the fut ure toward which the planning members agree to work.

By contrast, *tactical planning* focuses on the individual detailed activities and reso urces neces-sary to implement a particular prod uct, servic e or program. Tactica l pla nning may be called a work plan o r action p lan because of its fo cus on specific approaches, responsibilities and t ime lines.

In reality, th e difference between st rategic and tactical planning is in emphasis, timing and cir-cumstance. Strategic planning help s set the pu rposes and parameters of an organized effort, and is acco rdingly more important at the beginning of an organizatio nal initiat ive and at the higher levels of decisio n making. Tactical plan ning is critical to promoting coheren t, evidence-based action at the service and pr ogram level. It follows that establishing an effe ctive, sustain-able planning *process* requires the capacity to develop and adapt plans with a proper emphasis on strategy or tactics according to the need and circumstances in your prevention effort. For ex-ample, a *strategic* emphasis may be appropriate for a state-level initiative, especially in its ear-lier stages. A greater emphasis on concrete act ion steps will be important in local community-based organizations as they move into the implementation phase of a prevention initiative.

Participants in commu nity-based prevention are typically action-orie nted. They want to see things happ en, to make an impact, and they often feel that planning co ntributes to perpetually packing for a trip that is never taken. This section focuses on the action-oriented components of planning because this is where planning contributes most directly to actually taking that trip, and it is o ften re latively neglected in d iscussions of strategic p lanning proce sses. There are three major steps in the overall planning process. Exhibit 2.7 presents a schematic of the process.

Exhibit 2.7 *Planning Framework*

Agreeing on Problems and Purposes → Selecting Approaches, Strategies, Policies → Developing Action Plans and Objectives

- The first ste p in a planning process is to establish agreemen t on the problems and pur-poses that will set the parameters and guide the plan. This process includes data analy-sis and interpretation of the needs assessment as well as reaching consensus on goals.

- The second discrete se t of activitie s involves selecting t he approache s, strategies and policies that are consist ent with the se problems and purposes, and the resources that are available to support the planned activities. Section 3 of this guidebook provides a listing of po tential stra tegies, policies or appro aches that have been used to add ress meth use.

- The third planning component involves develop ing a concr ete action plan that specifies the activities necessary to effective and timely implementation of the selected approach.

Agreeing on Problems and Purposes

Early in its deliberations, the planning workgroup should:

- Review the findings from the needs assessment process;

- Articulate the implications of this inf ormation for the plannin g process, including th e ma-jor problems documented in the assessment, th e criteria for identifying priorities, and the strengths and weaknesses of the evidence base; and,

- Identify data that were not colle cted in the n eeds asse ssment, relevant and available, and that should be considered.

The needs assessment phase typically includes an inventory of existing resources. This may be a simple list of resources based on easily available information or it may be a more intensive process as described in Step 3. In either case, the preparation for planning should include a review of the information that has been collected. To be feasible, a plan must include a consideration of what resources are currently available for carrying out the planned activities. As we will see moving through the planning steps, this is a component of the planning process that cannot be ignored if the plan is to come to fruition. Activities must be planned within the parameters of committed resources, or the plan must include strategies and activities for attaining necessary resources.

As with problem data, the objective at the preparation stage is to organize and list information that has been collected in the needs assessment step. As displayed in the following example, if there are parameters established for objectives or target populations, it will be helpful to organize a list of resources according to those parameters.

Exhibit 2.8			
Problem	Target Group(s)	Potential Community Resource	
Young adult involvement with meth use (source: arrests, treatment and hospitalization data)	Young, female, Latina adults at greater risks	▪ Community-Based Organizations involved with AOD issues ▪ Law Enforcement – Meth Suppression component ▪ Local Treatment Facilities	▪ Faith Community ▪ Pharmacies ▪ Local Media ▪ Hispanic Organizations ▪ County AOD office

A final step in the resource mapping process is to identify contacts for agencies, organizations and community groups that should be at the planning table. Someone in the planning workgroup can be assigned to contact them to attend the next meeting. Once the full coalition is identified, parameters are clear, and the information resources have been organized, it is time to get to the focused process of planning decision making. There are steps involved in this process as well.

First the planners need to identify how they will weight different problem conditions that may be represented in the data. There are several analysis procedures necessary to relate data to empirical criteria that will inform decisions. The group needs to agree on how important they will consider the following issues to be.

1. What portion of the population is involved in a problem or behavior – what is the prevalence rate?

2. What are the trends in the problem or behavior – are they getting worse over time and by how much?

3. How do rates or trends compare with other jurisdictions, with state levels or with national standards? Is there an indication that problems are relatively more or less serious compared to these external comparisons?

4. Does breaking down the data by various sub- population demographics indicate potential 'hot spots?' Do disaggregated rates or trend lines differ across demographic sub-groups? In other words, are we experiencing a greater problem in one or more of our sub-populations in our community?

Each of the major data findings from this analytic review should be discussed in the workgroup. As noted above there is no one standard criterion for deciding which problems should have priority, and the planning group will typically want to discuss and weigh several perspectives on which problems should have priority. The important thing is that the discussion should be systematic, staying within the agreed on criteria for identifying appropriate indicators and relating them to focused analyses that reflect different empirical criteria. Staying true to this evidence-based approach will bring disparate points of view closer to a common decision framework.

At the end of this analysis and review process, the planning group should have a *short* list of evidence-based meth problems that can be the focus of the community coalition prevention activities. The final step is to reach consensus on which of these problems are most suited to the capacity and motivation of the coalition members, and to formulate specific planning objectives for ameliorating problems.

By now you have empirically documented specific problem areas. For instance, methamphetamine use is largely an issue among individuals with certain demographic profiles. Everyone in the coalition agrees that these are major problems that need to be addressed, but not everyone agrees on how they should be approached. To gain further consensus on exactly what the coalition should set as its objectives, it may be important to consider the following.

- Presence of existing strategies. Are there effective intervention services, strategies or policies that specifically address the problem area, or would it necessitate the development of new, unproven approaches?

- Availability of resources. Does the community have access to sufficient resources to deal with this problem or will it require additional funding and support?

- Ability to ameliorate the problem. Is the problem so pervasive that any effort on your part is unlikely to affect the outcomes? Can you build a dike in the river to stop the flow of water or will it be the equivalent of simply throwing stones in the water having no substantial impact on the flow?

Specifying the problem areas to be the focus of the coalition is critical because these are the foundation for goals. For instance, meth use will be the problem of most concern to this coalition. The goal statement might then read: *the goal of the coalition is to support and implement activities to reduce the current use of methamphetamine by (target population)*.

There are a few tools that can be used to guide this decision-making process:

1. Keep coalition members on task. The objective is to winnow the myriad set of potential goals to a finite few;

2. Make sure the goals are measurable and consistent with local data indicators;

3. Make sure the goals are in step with the coalition's timeline; and,

4. Make sure the goals are achievable. Nothing is more dispiriting than attempting a goal that is unrealistic and unattainable.

Select Policies, Programs and Practices

The planning group will now have identified what they want to accomplish and why, but they will not have specified how problems will be ameliorated and what objectives will be achieved. The group still must identify and define the specific strategies, programs, policies and practices to

address the identified goals. The workgroup will need to select a course of action that specifically targets the issue of concern and that is relevant for that population experiencing the problem. Selection of policies, programs and practices is a crucial step in the overall planning process and, depending on how well the selection of the proposed approach addresses the problem area, will largely determine the success of the effort.

There are four major issues to keep in mind in selecting an appropriate intervention.

1. Appropriateness of the proposed intervention to the problem and population
2. Clear understanding of how and why the policy, program or practice will produce the intended change
3. Feasibility for the community and resource context
4. Research-based evidence of effectiveness

Section 3 of this guidebook presents an overview of the various strategies, policies, programs and approaches that can be used to reduce methamphetamine use.

Developing the Action Plan

The ultimate goal in the planning process is to provide a guide to action. As we noted at the beginning of this course, when it is well done planning will help make programs coherent and effective. It will provide a blueprint and principles that will help staff understand the goals of the program and the problems it will address, why these are important in the community, why the planned activities were selected as effective ways of ameliorating these problems, and how to implement the planned activities in day to day policy and practice. The final planning step is to develop an action plan that specifically guides this day to day practice. The action plan should have specific timelines and should specifically identify who is responsible for a set of defined tasks. Plodding through all the specific steps, the timelines, and the responsible parties can be an onerous task, but it is absolutely necessary in developing a comprehensive prevention plan.

An action plan will provide a detailed step by step process for carrying out the activities necessary to put each component of your prevention effort into practice. The following steps are an example of what might be included in an action plan. (Note: we have broadened this discussion to include the strategic plan elements as well.)

Goal Statement – The plan should start with a clear goal statement.

Objectives(s) – Specific objective statement(s) should be prepared. Objectives are specific, measurable, time-bound, and compatible to the goal statement ("SMAC").

Strategies – Broad strategies to meet the objectives should be identified.

Actions – Last, a listing of specific action items, with dates, responsible parties should be prepared.

There should not be more than 2 or 3 goal statements. Each goal should have no more than 3 or 4 objectives, and each should have 2 to 3 strategies. There can be multiple action items associated with each strategic area.

Exhibit 2.9 presents an example (modified from Spokane County, Washington Methamphetamine Strategic Plan).

<div>

Exhibit 2.9 *Methamphetamine Strategic Plan*

Goal 1: Reduce methamphetamine manufacture and sales in (*name*) County.

Objective A: Increase citizen involvement in reporting methamphetamine labs and sales by 50 percent over the next 24 months.

Strategy 1: Educate and empower citizens, increasing their knowledge and ability to report meth labs and sales.

Actions:
- Organize neighborhood groups to report suspected "meth houses" (who, when)
- Develop PowerPoint presentations to educate communities and train retailers (who, when)
- Develop a speaker's panel (who, when)
- Use local television stations to do Public Service Announcements and assist in education (who, when)
- Partner with media on local and national series (who, when)

Strategy 2: Educate and empower landlords and hotel/motel managers, increasing their knowledge and ability to report meth labs and sales.

Actions:
- Develop brochure for landlords, parents and hotels (who, when)
- Streamline information process to report labs to law enforcement (who, when)
- Facilitate protocol discussion about lab clean up among partners involved (who, when)

Strategy 3: Improve relations and information exchange between citizens, law and justice, prevention and treatment as well as among professionals to facilitate reporting and prosecution of meth activity.

Actions:
- Improve information exchange between jurisdictions (i.e., DEA, Department of Health) (who, when)
- Research funding sources and aids in prosecution (who, when)
- Increase local law enforcement agents to respond to citizen's reports (who, when)

Strategy 4: Improve educational resources for children and adults to enable them to make informed decisions about meth activity in their neighborhoods.

Actions:
- Create curriculum for school-aged students (who, when)
- Educate parents (who, when)
- Work with HUD (who, when)
- Conduct community education about the drug culture and children, and multiple issues (who, when)

</div>

In summary, the planning process presented in this section has focused on four important elements.

- Reviewing the results of the needs assessment and prioritizing the key problem areas. (They become the bases for the coalition goal statements.)

- Reviewing and identifying potential community resources aligned to the problem areas selected by the planning committee.

- Identifying specific approaches, strategies, programs, policies, etc. to use to abate the problem areas.

- Developing an action plan that specifies who will do what, when.

This may seem difficult and even burdensome; it isn't. However, not taking the time to develop comprehensive written plans will almost surely guarantee that your collaboration will not be as successful as it might have been.

STEP 5: Evaluation

Evaluation must be seen as an ongoing process rather than an exercise done on an annual or longer time period. Evaluation is a component in the overall planning process and much of the information collected in the needs assessment process are the same information used to assess how well the coalition implemented the action plan and, more importantly, impacted the meth issue of concern. Thus, the evaluation becomes an important tool to assist the collaborative in future planning efforts.

We believe evaluation, at this level, is best viewed as a management tool – one that produces information on the decisions and activities of the coalition. What decisions were made? Did they result in the implementation of specific service programs of policies and did these interventions have the desired outcomes? Evaluation activities must be integrated into the process of program planning and administration. As depicted in Exhibit 2.10, evaluation must be seen as a "point of view" that is integrated into all aspects of the coalition planning and management effort.

Exhibit 2.10 *Evaluation as a Management Tool*

Planning
Assessment (Needs)
Evaluation
Service Implementation
Outcomes
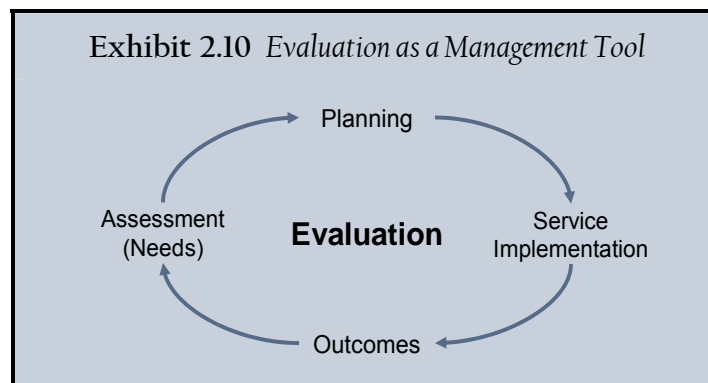
More specifically, a management focused on evaluation represents a continuous activity for program improvement, and is not a 'one-shot' activity designed to determine whether the coalition was successful or not. Rather, it seeks to determine what aspects of the coalition's efforts were successful – from planning and community involvement to implementation. The basis for a community coalition evaluation will be the action plan as it clearly articulates the issue(s) of concern, the proposed remedies (strategies) and the action steps necessary for implementation. It is advisable to designate one or two individuals in the coalition with the responsibility to track and report on the coalition's progress at each meeting. Through this continuous attention to implementation effort, the coalition will know (early) when to make mid-course corrections to help ensure their journey ends at the desired destination.[††]

[††] Note: fortunately, community coalitions in California can access the Department of Alcohol and Drug Programs (ADP) technical assistance provider (CARS) for assistance and guidance on evaluation and other elements involved in implementing a coalition. Contact CPI-CARS at 707 568-3800.

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"Meth: Our Nation's Crisis – Toolkit for Change." Hazelden Foundation. 2006.

"Tackling Meth: A Community Action Guide: Helping you Reduce Drug Use in Your Community." The Oregon Partnership. 2006.

Phillips, Joël and Springer, J. Fred. "A Briefing Paper: Implementation of Community Interventions. Lessons Learned." EMT Associates, Inc. Sacramento, CA. 1997.

Historically, methamphetamine control has been the purview of law enforcement efforts to abate or prevent continued use of the substance. Only recently have policies focused on developing and implementing effective policies, strategies and programs to prevent methamphetamine use. Over the past two years, California (through the Governor's Prevention Advisory Council's Methamphetamine Implementation Workgroup) and other states have initiated statewide planning efforts to determine the best strategies and approaches to achieve meaningful reductions in the use of methamphetamine. This section outlines a comprehensive approach to prevention of methamphetamine use and associated problems, primarily using community coalitions. This approach is based on an understanding of the unique issues presented by methamphetamine use as well as similarities with the abuse of alcohol and other drugs. One purpose of this resource guide is to present what is new in dealing with the methamphetamine problem with what we already know about preventing the abuse of substances. Building on our growing knowledge about effective, evidence-based prevention will allow California to move immediately to reduce the use of methamphetamine, and to take positive action to ameliorate this devastating social problem.

This section starts with a broad overview on how lessons learned concerning the effective general strategies and approaches used in the AOD prevention field have implications for what we should do with our methamphetamine-specific approaches. After this general discussion, a profile of various strategies and approaches that can be implemented by community coalitions is presented. While many lack the label of 'evidence-based,' determined through rigorous scientific analysis, all have been found to be effective in communities that have used them.

General AOD Prevention and its Importance to Meth Prevention Efforts

Over the past decade the prevention field has developed substantial research-based knowledge on effective prevention practices, strategies and programs. Relevant agencies have compiled lists of evidence-based principles as well as 'programs' that meet the test of scientific rigor. (See Attachment A for NIDA's 16 principles and ONDCP's 15 guiding principles concerning effective prevention practice.) Methamphetamine prevention can use these guidelines to move quickly in developing an overall methamphetamine prevention strategy. This orientation was clearly articulated in Western CAPT's Tip Sheet on Methamphetamine Prevention (May 2005). Its second guiding principle stated:

> *"Methamphetamine prevention and education efforts should follow established prevention principles and should be part of broader prevention and education efforts that target all forms of drug use."*

The growing evidence-based practice in prevention provides a strong blueprint for designing and implementing methamphetamine prevention. Specifically, meth prevention should adhere to the ONDCP *Guiding Principles for Prevention*.

1. *Reduce the availability of methamphetamine through supply reduction policies and laws.* Community-wide laws, policies and programs can reduce the availability and marketing of methamphetamine and its precursor drugs.

2. *Strengthen anti-drug use attitudes and norms.* Strengthen environmental support for anti-drug use attitudes by sharing accurate information about methamphetamine use, encouraging drug-free activities, and enforcing laws and policies related to illicit substances, including meth.

3. *Strengthen life skills and drug refusal techniques.* Teach life skills and drug refusal skills using interactive techniques that focus on critical thinking, communication, and social competency.

4. *Reduce risk and enhance protection in families.* Strengthen family skills by setting rules, clarifying expectations, monitoring behavior, communicating regularly, providing social support, and modeling positive behaviors.

5. *Strengthen social bonding.* Strengthen social bonding and caring relationships with people holding strong standards against substance abuse in families, schools, peer groups, mentoring programs, religious and spiritual contexts, and structured recreational activities.

6. *Ensure that interventions are appropriate for the populations being addressed.* Make sure that prevention interventions, including programs and policies, are acceptable to and appropriate for the needs and motivations of the populations and cultures being addressed.

There are two other general themes that need to be acknowledged in developing local meth prevention efforts: the use of "model" programs, and a community approach.

Adaptation of Proven "Model" Programs

Over the past five years prevention researchers and professionals have debated the best use of evidence-based "model" programs as guides to action. The argument for strict fidelity has generally conceded to arguments that program adaptation is important to meet cultural, resource, and other needs in the program setting. This adaptation will be very important for methamphetamine prevention because there are unique populations defined by age, ethnicity, rural/urban location, gender, and sexual orientation that are vulnerable to methamphetamine use. These population attributes are related to how and why individuals resort to methamphetamine use, and adaptation to meet the specific needs of these different communities will be important.

Fortunately, prevention specialists have been adapting proven 'model' prevention programs to meet methamphetamine user needs. Iowa reported that modifications were made to include a methamphetamine component to the Reconnecting Youth curriculum. These revisions had the permission of the program developer. Similarly, changes have been made to the Strengthening Families and Life Skills model programs. In addition to revised programs that are already focusing on methamphetamine use, much has been learned about adapting model programs while maintaining the core components that make programs effective. Both of these 'adaptations' have resulted in improved outcomes within the school settings they were developed. These represent the first evidence-based results for meth-specific curriculum components.

Community Mobilization Emphasis

Second, methamphetamine prevention specia lists have fully embraced the concept of using a community approach, including en vironmental change st rategies, to prevent a nd reduce methamphetamine use and related problems. A community approach embodies several guiding principles based on ye ars of community prevention experience. The Western CADT Tip She et on Methamphetamine prevention (May 2005) stated their first guiding principle:

> *"Effective drug (methamphetamine) prevention requires the involvement of many segments of the community – e.g., educators, youths, parents, law enforcement officials, business leaders, members of the faith community, social services providers, and representatives of other community agencies and organizations."*

There are good results reported using this approach. As the 2005 Michigan State Report suggests: "Because methamphetamine production, di stribution and use within a community have social, medical, legal, economic and environmental consequences it is reasonable to frame prevention as a multi-facete d, multi-agency enterprise" (pg 12). In California, San Diego has effectively made use of the p roven model prevention prog ram "The Border Project" to str ucture their community's approach t o preventing methamp hetamine use. Similarly, the recent report prepared by California Go vernor's Prevention Adviso ry Council concludes with the imp ortance of implementing a commu nity motivating approach (Methamphetamine Action Team). "Develop a Methamphetamine Action Team app roach to mo bilize coordinated, concerted effort at the local level."

It is because of the rep orted success of this model that the GPAC Meth Implementation Work-group has a dopted the community coalition model to deal with meth and the multiple problems associated with its use. The previous section in this resource guide laid out the steps necessary to implement a community meth coalition. However, forming the group is only the first step; yo u must next consider the coalition's needs and implement strategies and a pproaches that specifically target meth use in the community. Reme mber – the primary focus of the coalition is on **demand reduction**, otherwise known as prevention, and not on **supply reduction**, which typically involves law enforcement agencies. It doe s not mean law enforcement officials shouldn't have a seat at the table . In fact, it is encourag ed to have them there to share info rmation and coordinate enforcement efforts, but many element s of sup ply reductio n require direct law enforcement action (e.g., lab seizures) beyond the exper tise of the coalitio ns. What follows, then, are practical efforts that your coalition can consider often through the involve ment of other key stakeholders in the community.

Strategy Profile 1
General Media Campaigns

Strategy

Use public education and media st rategies focusing on a clear 'message' to in crease commu-
nity awareness and knowledge about meth use.

Description

Media advocacy is an approach involving the use of media to address a public hea lth issue. It
spans the gamut fro m highly sophisticated (an d expensive !) television spots to more low key
community involved products.

Meth Public Awareness campaigns have been a hallm ark of all community (state) coalition e f-
forts to fight meth use. The power of this appr oach can be significant. Kansas law enforcement
agencies report a "direct link between the education of citizens and the capture of meth manu-
facturers." Since 2003, more than 65 counties in Kansas h ave implemented some form of meth
awareness campaigns in their community. These efforts include the following:

- Mock meth labs created and utilized for presentations
- Display boards for community events
- Town hall meetings
- Community-specific brochures created and distributed (including for specific target audi-
  ences – school age children, etc.)
- Newspaper ads to advertise events/trainings
- Educational information distributed at schools
- Distributed neighborhood resource guides, emergency responder guides
- Table toppers with meth information at restaurants ("What's cookin' in your commu-
  nity?")
- Facts about meth PowerPoint shown at movie theater
- Meth information line – distributed magnets with phone number
- Use of lab seizure maps
- Mailings to target audiences (county residents, Adopt-a-Highway volunteers)
- Production of public service announcements
- Distributed meth awareness information in water bills, bank statements
- Signs posted at city limits (Meth Watch)
- Meth information packets distributed to community organizations and businesses
- Meth awareness skit
- Utilization of Teen Speaker's Bureau

Key Steps

Using media advocacy can take va rious forms and resulting in differen t products, however, all
media advocacy projects involve four basic steps.

> **Exhibit 3.1**
> *Communication Plan*

1. Develop a Communication Plan[‡‡]

The Communication Plan consists of a simple matrix that outline s f our areas: the goals of the coalition; target audience; medium to convey the message; and, benchmarks to measure success.

Goal	Target Audience	Medium	Benchmarks
Increase community awareness about crack labs.	Specific high risk neighbors could be one target audience	Read PSA's, Flyers/ presentations at churches, community rallies.	Number of presentations made. Number of meth lab seizures.

Tips for Building a Successful Relationship with the Media

There are a number of techniques and approaches you and your coalition can use to build a successful working relationship with the media. They include:

- *Compile a list of media contacts*
- *Identify key editors/reporters*
- *Respect deadlines and policies*
- *Respond in a timely fashion*
- *Strive for excellence*
- *Be pro-active*
- *Be a resource*
- *Remember, it's a partnership*
- *Designate a spokesperson for your organization*

2. Foster Relationships with Local Media

The community coalitio ns should consider including either a direct representative from local media or individuals having a strong relatio nship with the media. As the Oregon Community Guide states:

"This has general benefits: your coalition can culti- vate champions for its efforts among reporters, edit- ing and upper management of media campaigns. Your coalition can gain valuable knowledge and ideas about how best to gain media coverage of your issues and your coalition can develop partnerships that al- low it to leverage its financial resources and gain pro bono support for public service announcements."[§§]

Compile a list of media contacts
Create a broad list o f newspapers, radio and television st ations in yo ur communi ty. This list should include contact information including th e address, phone and fa x, E-mail addresses and website. Don't limit your list to mainstream m edia; remember to include college media, the faith community and local weekly publications, etc.

Identify key editors/reporters
For each media contact, identify a contact person and include their contact information and how they prefer to be contacted.

Respect deadlines and policies
To accommodate busy reporters and editors, and promote good will to ward your coalition, be aware of deadlines and policies and include that in your list of media contacts.

Respond in a timely fashion
Those involved in the media world work with strict deadlines. When w orking with writers or re- porters, find out as much about their story as y ou can so that you can provide the m with infor- mation in a timely manner.

Strive for excellence

[‡‡] Oregon Community Action Guide, page 47
[§§] Oregon Community Action Guide, page 46

When you send precise and locally relatable info rmation to local media, the issue will be easier to cover and the end product will have a superior impact.

Be pro-active
Because reporters and editors are busy, with complicated schedules, it is best to maintain contact before and after sending information.

Be a resource
Become the reliable resource that local media will turn to for information. Send materials with a cover letter explaining your group and issues o f concern to local medi a. This will establish a positive relationship for your coalition, indicating that you wish to be involved even when you aren't trying to 'sell' a story.

Remember, it's a partnership
You want to convey an area of inter est and the media want to convey important communit y issues. Don't assume that local reporters are familiar with your issue or event. It is critical to maintain communication.

Designate a spokesperson for your organization
This is crucial. The spokesperson should be well-spoken, well-versed in the coalition's message points, and most importantly provide memorable examples to support your message points.

3. Learn how to Create a News Release

A major component of a media-based pu blic awareness campaign involves the preparatio n of news relea ses, which are simply a written st ate-ment concerning an important event. These should be brief, well thought ou t and well w ritten. In so me cases, the news agency will simply adopt the lan-guage of th e release; in other cases the news re-lease will initiate the preparation of a more co mpre-hensive article.

> **Tips for Creating a News Release**
>
> - *Make your release newsworthy*
> - *Keep it short*
> - *Be consistent with format and style*
> - *Provide the most important details first*
> - *Use language with care*
> - *Check for accuracy*

According to the *Oregon Target Meth Community Guide,* pointers for making your release newsworthy include the following.

Make your release newsworthy
These points will aid you in gauging the importance of your issue or event to people outside your coalition. A coalition will often issue a news release if it:
- Begins a public education program;
- Starts a new service or makes significant changes to existing services;
- Proposes new public policies to address an issue;
- Conducts seminars or workshops, especially featuring a locally or nationally known speaker;
- Makes staff or board member additions;
- Plans local activities that may or may not tie-in with a well-known day, week or month (this strategy is sometimes called "piggy-backing");
- Announces the results of a poll, survey or study; or,
- Receives a grant or donation.

Keep it short

Ideally, a release should model the format of a newspaper, with short sentences and paragraphs. With brevity in mind, limit the press release to one, typed, double-spaced page.

Be consistent with format and style
- Use coalition letterhead, if available
- If the press release is longer than one page, type "more" at the bottom of each page (except the final page)
- Signify the end of the page by typing the line number in this format "-##-" or "-12-"and centering it after the last sentence.
- Use Associated Press Style to simplify the editing process. AP stylebooks are available at most bookstores.

Provide the most important details first
After using a heading which summarizes the release, provide concise details. Be sure to answer who, what, when, where, why and how in the first paragraph.

Use language with care
Avoid using too much slang or jargon. When using technical terms, provide a brief definition of their meaning.

Check for accuracy
If names, dates or facts are incorrect or misspelled, it will damage your coalition's credibility.

Spreading the Word in Rural Communities[***]

Smaller communities typically don't have access to major television stations or even a community newspaper. There are a number of potential mediums that should be considered when doing media advocacy on public awareness in these communities. They include:

- *Local radio stations*
- *Billboards*
- *Church bulletins*
- *School district mailings to parents*
- *Civic club newsletters, events*

4. Using other Communication Mediums

In addition t o news releases or gen erating inter est for articles or reports on local TV news, there are other possible mediums to bro aden communit y awareness and exposure to your is sues. These include:
- Letters to the editor
- Op-Ed Pieces
- Editorials
- Preparation of media advisories
- Calendar notes of events involving your coalition

[***] [***] Oregon Community Action Guide

Strategy Profile 2
Focused Community Training Events

Strategy

Conduct a number of focused co   mmunity tr aining events on meth to broaden community awareness and potentially engage more members in the coalition's efforts.

Description

A number o f coalitio ns have develo ped comprehensive PowerPoint presentations   (e.g. Meth 101) for communit y members. In o ne instance, presentations were developed specific to meet-ing the needs of various audiences. This included:

- Parents;
- School   personnel;
- General   community;
- Pharmacists;   and,
- Law   enforcement.

The PowerPoint includ ed an annotated guide   to facilit ate the presen tation of th e materials. These PowerPoints can be found at www.usdoj.gov/methawareness/meth_video.htm

Benefits

Involving and educating the community about the dangers posed by meth use is a fou ndational strategy for most community coalitions. Only through a knowledgeable community can true pre-vention occur.

Partners

Targeted audience members (e.g., school, law e nforcement) can help g ain access to their con-stituents.

Costs

Costs are minimal.

Strategy Profile 3
Create a Meth Ordinance

Strategy

Develop a local meth ordinance r equiring cle anup of a hazardous waste site in a private residence.

Description

Many communities do not have spe cific ordinances requiring clean-up of hazardous waste site s located in a private residence. A local ordina nce can re quire clean- up and includes child protection measures. (see Resources)

Benefits

A local met h ordinance ensures proper attention to residential meth production production occurances. It help s pr ovide the context for a consistent local re sponse to met h lab-relate d situations.

Partners

Community members, city governance structure.

Costs

Costs are unknown.

Strategy Profile 4
Involve Youths in Public Awareness Campaigns

Strategy

The coalition should consider ways to engage the youth in the community to promote public awareness about meth.

Description

There are a number of ways to engage youth in meth public awareness campaigns. They include:

- Develop poster campaigns (see Hazelden, page 11);
- Develop PSAs with professional support; and,
- Develop PowerPoints on meth for broadcasts at theaters.

Benefits

Involving youth in meth awareness is important at two levels. First, the youth themselves become knowledgeable about the drug and its effects and consequences. This alone can have a deterrent effect. Second, youth understanding of their culture can play an important role in developing messages that resonate with other youths.

Partners

Youth groups, such as Friday Night Live, can be valuable partners in this process. Professional consultation for the preparation of PSAs should be considered.

Costs

From minimal to moderately expensive (e.g., television quality PSAs).

Strategy Profile 5
Drug Courts

Strategy

Increase use of drug courts to handle cases involving offenders who abuse methamphetamine.

Description

Offenders charged with less ser ious crimes of being under the influence or possessing a con-trolled substance – or drug-using off enders charged with a non-drug related crime – may be of-fered the option of enter ing the drug court syste m in lieu of serving a jail sentence. They must plead guilty to the charge *and* agree to enter tre atment. In a ddition, they agree to be subjected to random d rug tests an d report on their progress periodica lly to the drug court judge. Failure can result in their being removed from the Drug Court and incarcerated at the judges' discretion. Upon successful completion, initial charges are dropped (based on Hazelden).

Benefits

Forces users to enter treatment. As the Director of the national Drug Court Institute states, "Drug courts provide the added accountability and service coordination that methamphetamine addicts so desperately need to recover…"

Partners

The Juvenile Justice System

Costs

Costs are unknown.

The proliferation of coalition-based community initiatives has provided an unprecedented opportunity to learn about how to effectively organi ze and implement community interventions. Hopefully Section 2 presented a number of useful suggestions on how to effectively implement a coalition in your community to deal with the meth problem. However, we know that all coalitions will at some point in their o peration rea ch a stage " where they are in dang er of getting stuck and losing their momentum."[10] In this section we examine a nu mber of these potentia l problem areas and more importantly present some approaches for keeping the coalition on track. This section largely draws on the work of the National Assembly of National Voluntary Health and Socia l Welfare Organizations and Phillips and Springer (1997) Lessons Learned.

Exhibit 4.1 presents a listing of some of the typical problem areas e ncountered by coalitions. The following presents a review of each of these problems and a few suggestions for coalition s on how to remedy the problem and maintain their momentum.

Exhibit 4.1
Problem Areas Faced by Coalitions*

1. *Loss of focus*
2. *Leadership issues*
3. *Unequal involvement*
4. *Poor planning*
5. *Failure of planned efforts*
6. *Burn-out*
7. *Coalition structure too bureaucratic*
8. *Turf battles/Issues*

   * The Community Collaborations Manual

1. Loss of Focus

Phillips and Springer (1 997) point out, "unclear purpose is a major i mpediment to successf ul collect ive action." While coalition-based in terventions typically rally around shared goals - in this case reducing meth use - and problems associated with its use, the ag reed upon objectives often remain general or may not necessarily be shared among all the members of the coalition. This often o ccurs in coalitions th at experience high attritio n rates or t hat allow co ntinuous inflows of new me mbers with no inst itutional memory or a wareness about the coalitions' past efforts. A lack of specif icity in purpose allows for varying interpretations (or even confusion) in roles and responsibilitie s, drains motivation and energy from many participants and contributes to fragmentation and reduced effectiveness of efforts.

What to do:

- Review purpose statement and use it as a filter for all plan-
  ning efforts (i.e., policies, progr   ams, strate gies or ap   -
  proaches).
- Limit flow of new members or   minimally e nsure all new
  members are thoroughly briefed as to the intent and purpose
  of the coalition.
- Select stron g leaders w ho have a clear commitment to the
  coalition's purpose.
- Examine whether the coalition ha s fulfilled its mission an d
  needs to disband or change focus.

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[10] The Community Collaboration Manual. Page 31

2. Leadership Issues

There are several distinct problems that can occur in coalitions. First, the coalition has **no designated leader**, but a small group of individuals committed to the viability of the coalition. The problem with this type of structure is the confusion it can present to others in the group or community at large. There is no perceived 'voice' for the coalition. Structuring in this manner can result in added tensions for decision-making situations.

Unqualified leaders are another problem often seen in coalitions. Leaders must have passion for the task at hand, but also need political and social skills to successfully work with the other members and more importantly the broader community.

A third leadership issue is what the Community Collaboration Manual refers to as the **Founding Member Syndrome**. "This occurs when one of the founding members gains too much power and begins to block the growth of the collaboration" (page 32). Situations in which this can occur is in difficulty accepting new members, relinquishing control, involving others in decision-making and generally keeping " the collaboration from making new changes to adopt to new circumstances." One consistent observation in doing evaluations of community partnerships was the skills required for start-up are not the same skills required for ongoing maintenance (Phillips, Springer 1997).

What to do:

- Prepare by-laws (or a statement) limiting time for serving in the leadership position.

- Create a new leadership plan opening the position to different selection process (e.g., annually, bi-annually, etc.).

- Develop a written 'job position' (even if it is a volunteer-based organization) clearly identifying roles and responsibilities.

- Give "problem" founders "new responsibilities that utilize their particular strengths" or enlist other founding members to "help staff the leadership to other members," the Collaboration Manual suggests (page 33).

3. Unequal Involvement

The **20 - 80% rule** (20% do 80% of the work) often applies to community coalitions as well as other work situations. A corollary to the rule is that the busiest people are given added responsibilities. The result, however, isn't healthy for the long-term success of the coalition. In time the very busy '20-percenters' begin to resist taking on new responsibilities or even resent the fact that so many of their colleagues can't or won't become more involved in the coalition's work.

What to do:

- Provide mo re opportunities for a te am approach in dea ling with a wor k-related issue. A number of small teams or workgroups addressing a single task, particularly if it is g uided by a detailed work plan described earlie r in this document, can be an effective wa y to get more individuals involved.

- The Collaboration Manual suggests three ways to get more involvement for the members.

1. Create an opportunity for weaker members to be in-volved.

2. Set limits for a minimu m level of i nvolvement as part of the operation or agreement to participate in the coalition.

3. Provide a training workshop aroun d desired skill sets to increase th e comfort zone for me mbers to ta ckle 'new' areas.

- Lastly, maintaining active participat ion depends on meeting the particip ation needs of the members (Lesson Three, Phillips and Springer, 1997). Knowing why in dividuals volunteered to join your organization is the first step in ensuring their 'needs' continue to be met.

4. Poor Planning

As Phillips and Springer (1997) state in their summary of   community interventions, plannin g may be central to th   e succe ss of a coa lition based inter vention, whi le it has "at some time   … been pro blematic" to the coalition efforts. This can occur f or various reasons. Wh en planning is delegated to coalition sub-units (such as task forces, or workgroup), they often have difficulty "sustaining interest and participation (page 5). In other situ ations, plans are produced but they "ma y have l ittle linkage to subsequent intervention action s" because they are not "operationally specific enough to *clearly* imply action proposed development." One of the most commonl y he ard refrains from indivi duals involved in coali-tions is the frustration with a ' **planning emphasis**' and less ' **action-implementation**' of a specific strategy, program or approach.

What to do:

- A useful planning process must be outcome-based, justif   y specific action programs that are expected to result in those outcomes and be written with specific action p   lans (steps, tasks and responsible parties to put those programs in place.

- Planning co ncepts must be utilized   throughout coalition a c-tivities on a continuing basis.

- Planning sh ould not o ccur as an extended period of activity independent of action program development.

5. Failure of Planned Efforts

As the Community Collaboration Manual states, "collaborations gain part of their power by being seen as credible by the community-at-large and by leaders in business, government and media. Adverse publicity can threaten this credibility." One of the threats for adverse publicity is having the coalitions associated with a failed effort. Realistically, all coalitions will experience failure, either small or large, at some point in their existence. How the coalition meets this challenge will largely determine its future viability in the community.

What to do:

- Internally, there are a number of steps coalitions must take upon awareness of a failed effort. They include:

  1. Detailed self-examination of the effort to study what factors contributed to the lack of success (e.g., resources, not fully understanding issues associated with implementation, inadequate or inappropriate partnering, etc.).

  2. Determine what steps, if any, could be taken to salvage the effort.

  3. Take the pulse of the members involved in this effort to ensure their personal feelings of disappointment doesn't lead to premature departure. Failure is rarely the result of one individual action (or inaction).

- Externally, the coalition may need to mount a publicity counter-offensive to affect the failure – if it achieves that level of significance to the broader community. The coalition, in this case, can:

  1. Make sure there is a single spokesperson for the group to minimize the publication of contradictory statements.

  2. Implement a crisis management team and communication plan to deal with the situation.

  3. Acknowledge and make a public apology, should the criticism or concerns be correct.

6. Burn-Out

As indicated earlier, volunteer work in collaborations can be exhausting, particularly if the workload is not reasonably distributed among the group (see #3). Loss of enthusiasm for the effort and eventual disengagement often are the consequences associated with burn-out. A related issue is the impact individual burn-out can have on the other coalition members. Generally, if the most involved individual suffers burn-out and departs, their departure can have a negative impact on the functionality of the coalition.

What to do:

- Ensure equal distribution of responsibility.
- Change   leadership.
- Annually, survey the members to determine 'what's working' and 'what's not working.
- Provide stress breakers (i.e., massages, special low-cost rewards for members).
- Bring in a stress counselor to talk to the group about stress reduction techniques.

7. Coalition Structure too Bureaucratic

While organizational structure is de sirable (e.g., selection of leaders, str uctured decision-makin g, development of action plans), too much bureaucracy in your organizat ion is a pre-occupation with reflecting on the pathways to get things a c-complished. Does move ment on an issue of interest require numerous meetings, multiple levels of review, endless (or so it seems) discussions to get to actio n? If the *process* of get-ting something done takes prece de nce over ge tting it done , then you have achieved in all likelihood, bureaucratic status.

What to do:

- Examine steps required to get movement on an idea, program, strategy or appro ach. How many people have to 'sign-off' on the concept before you can move on?
- Build in a brainstorming process to fully   engage me mbers for alternative strategies to im-plement the strategies/approaches/programs.
- Make sure your leadership structure periodically changes.
- Involve   members.

8. Turf Battles/Issues

Evaluations of the CSAP partnership initiatives found turf issues to be one of the   recurring problems faced by local   collaborations. Under this init iative, one service agency, or community-based orga nization, was highly funded to establish the collaboration. What often occurred was that th e one servi ce agency viewed the f unded-collaboration as competition for "funding, volunteers or visibilit   y" in the community. Other turf is sues can arise when the collaboration identifies an action plan involving other service agencie s. Control issues asso ciated with the implementation of   the propose d plan/strat egy or approach can ensue.

What to do:

- Bring impacted organiza tions and a gencies together to thor oughly review the proposed ac-tion plan that may potentially impact their services.

- Let organizations and agencies be fully aware of the intent of the collaboration, particularly if going after funding becomes a priority for the coalition.

- As the Community Collaboration Manual states, "look for areas of agreement and opportunities for limited cooperation" (page 6).

There are a number of websites providing information and resources for community coalitions focused on meth use and its consequences. Take the time to review this list and the various websites and build on the experience of other community groups, agencies and organizations that have engaged the meth issue in their communities.

California-Based

A Madness Called Meth
www.valleymeth.com/

A team of Bee reporters from Modesto, Fresno and Sacramento document the Central Valley Meth Trade in an 18-page special Published October 10, 2000.

California Department of Alcohol and Drug Programs
www.adp.ca.gov/Meth/meth.shtml
- Meth facts and figures, PowerPoint
- California/US meth maps
- Governor's Prevention Advisory Council Meth Findings and Recommendations
- English and Spanish radio/television spots
- Research and surveys
- Publications about meth use in various populations

California Society of Addiction Medicine
www.csam-asam.org/

Founded in 1973, CSAM is a medical society made up of physicians specializing in the treatment of alcoholism and other drug dependencies. CSAM provides information on public policy and treatment practices, especially for high-risk populations.

California Attorney General's Office Department of Justice
Bureau of Narcotic Enforcement, Clean Lab Programs; Crime and Violence Prevention Center, Drug & Alcohol
www.safestate.org 916-319-8464

California Attorney General's Office brochure on Clandestine Meth Labs addressing these topics:
- What Is a Clandestine Drug Laboratory?
- What to Do If You Spot a Clan Lab
- Why Clan Labs Are Dangerous
- How To Detect A Clan Lab
- Where Clan Labs Are Located
- How Clan Labs Are Transported
- How Clan Labs Are Booby-Trapped

The website also gives links to documents about the California Health and Safety Code Regulation and Control, significant lab and precursor cases, and forms for reporting controlled chemical substance.

Join Together
www.jointogether.org/getinvolved/state/california/

Provides a forum for engaging individuals in local action. You can search by state and topic areas. Join Together advances effective alcohol and drug policy, prevention and treatment.

National Drug Intelligence Center
www.usdoj.gov/ndic/pubs/653/meth.htm

This document gives meth statistics specific to Northern California including availability, production, transportation, distribution, and violence.

Office of National Drug Control Policy
www.whitehousedrugpolicy.gov 800-666-3332

This site has information on international, national, state and local policies, news, drug facts, publications, prevention, treatment, science and technology, enforcement, and funding on meth.

Provides information and data regarding drugs and substance abuse in each state with profiles of Fresno, Los Angeles, Sacramento, San Diego and San Francisco, including links to state agencies.

Prevention, Education and Awareness
http://ag.ca.gov/bne/peap.php

Narcotic enforcement agents are available to make public presentations or arrange specialized training on drug abuse and drug-related issues.

Fresno **(559) 457-5000** Los Angeles **(323) 869-6800**
Orange **(714) 558-4183** San Francisco **(415) 923-4447**
Redding **(530) 224-4750** Sacramento **(916) 464-2030**
Riverside **(951) 782-4313** San Jose **(408) 452-7360**
San Diego **(858) 268-5300**

StopDrugs.Org
www.stopdrugs.org/methcrisis.html

Sponsored by the California Attorney General's Crime and Violence Prevention Center, this web site contains links to meth fact sheets on safety, law enforcement, identification, youth, prevention, treatment, media, downloadable TV spots, events and research, lesson plans for teachers, and links to other meth pages.

Stop Meth Addiction
www.stopmethaddiction.com/drugrehabstate.htm?state=California
800-US-NO-DRUGS ~ 800-876-6378

Provides in-depth drug awareness information and links to meth-specific treatment facilities in cities throughout California.

Tweaker.org

www.tweaker.org

Information, support a nd resources to help g ay and bi-sexual men better understand the affect of crystal meth.

Catalog of Government Publications

www.gpoaccess.gov/index.html

This web site provides a ccess to num erous gove rnment publications on meth. Scroll to the bottom and cli ck on 'Catalog of Government Publications.'

Faces of Meth

www.facesofmeth.us/main.htm 503-988-5551

This site fea tures pi ctures of pe ople before a nd after meth u se. Downl oad f ree poste rs with these faces and .jpg or .gif files of the pictures for educational use.

Institute for Intergovernmental Research

www.iir.com/centf/guide.htm 850-385-0600

This site p rovides a n in-de pth que stion-and-answer guide that describes what meth is, explains how it affects the body, and discusses the costs of meth lab cleanup. It also addresses questions that law e nforcement offici als may have about lab inve stigations and raids – for exam-ple, what to do if they en counter a meth lab an d how to stay safe. Th ere are lin ks to traini ng opportunities and points of contacts.

MethResources.gov

www.methresources.gov

Links to information on state programs and bill s that at-tempt to com bat meth use , meth conferences, an d arti-cles about lab cleanup and its costs.

National Association of Counties

www.naco.org 202-393-6226

This site pro vides th e results of meth-related surve ys, links to other sites on the subje ct, news relea ses, and articles about how meth i s being combated. Inclu des a useful search engine and monthly meth newsletter.

National Institute on Drug Abuse

www.nida.nih.gov/ResearchReports/Methamph/methamph.html

NIDA Research Repo rt provides a n overview of the lat-est scientific findings on methamphetamine.

Office of National Drug Control Policy

www.whitehousedrugpolicy.gov 800-666-3332

This site ha s statistics on meth use a nd treatment ad-missions as well as information about meth's effects and a list of its street names.

Prevention First

www.prevention.org 217-793-7353

Free public education materials and meth resources.

Rural Assistance Center

www.raconline.org (Search options: Methamphetamine)
800-270-1898

Here you'll find rural informat ion on the effects of meth on communities and children.

Stop Meth Addiction

http://www.stopaddiction.com/index.php/Methamphetamine-information
California 800-US-NO-DRUGS ~ 800-876-6378

(See Treatment)

StreetDrugs.org

www.streetdrugs.org 763-473-0646

This self-titled site contains articles on meth labs and the associated cl eanup costs, as well as child end anger-ment. Photo s and video s of meth can be vie wed, a nd brochures and posters are available for purchase.

California Department of Alcohol and Drug Programs

www.adp.ca.gov/Meth/meth.shtml

English and Spanish radio/television spots
(See also California-Based)

National Institute on Drug Abuse

www.nida.nih.gov/ResearchReports/Methamph/methamph.html

NIDA Research Repo rt provides a n overview of the lat-est scientific findings on methamphetamine. Available in Spanish.

U.S. Department of Health and Human Services and SAMHSA's National Clearing-house for Alcohol and Drug Information

https://ncadistore.samhsa.gov/

Searchable p ublications, posters a nd video s. Available in Spanish.

Partnership for a Drug-Free America

www.drugfree.org/Portal/DrugIssue/MethResources/default.html
212-922-1560

The Meth Resources section of this site has m aterial for teens, yo ung ad ults, p arents, an d com munities, all "packed with stories and ways to take action."

Safe and Drug Free-Schools

www.ncela.gwu.edu/pathways/safeschools/

Publications, org anizations and li nks for buil ding a school-based prevention program.

Safe State

http://safestate.org/

Provides documents—especially for parents—regarding warning signs of drug use, drug paraphernalia, street names and consequences, and tips for responding to youth drug abuse.

StopDrugs.Org

www.stopdrugs.org/methcrisis.html

Sponsored by the California Attorney General's Office, this website contains links to meth fact sheets on safety, law enforcement, identification, youth, prevention, treatment, media, downloadable TV spots, events and research, lesson plans for teachers, and links to other meth pages and Spanish language documents. *(See Spanish Language Resources)*

Youth-Related

American Council for Drug Education

www.acde.org

This site's fact sheet on meth gives a brief history of methamphetamines and lists the consequences of use. You'll also find a drug quiz for youth, advice for parents for discussing substance abuse with their children, a list of symptoms of drug use, and other general information about drugs.

Just Think Twice

www.justthinktwice.com

In the style of a teen magazine, this DEA site has a section on meth with information about its forms and street names, the consequences of use (including pictures of the damage done to people's bodies), and stories about young users.

National Crime Prevention Council

www.ncpc.org 202-466-6272

Cartoon strips on this site illustrate how parents can talk to their children about drugs – including sample dialogues. Articles discuss the steps necessary for communities to prevent and treat the growing problem of meth addiction, and the actions that several states are taking to combat meth. Downloadable brochures about drug use and crime-related topics are available.

National Institute on Drug Abuse (NIDA) for Teens

www.teens.drugabuse.gov 800-729-6686

Provides a discussion on the effects of meth on the brain and other parts of the body, has a link to a treatment facility locator, provides a quiz on drug abuse and stories from young users, has a glossary of drug-related terms, and meth-specific lessons and teachers' kits.

National Youth Anti-Drug Media Campaign

www.mediacampaign.org 800-666-3332

Here you'll find information on media campaigns that target substance use, and down-loadable anti-drug banner, print, radio, and television ads.

Drug-Endangered Children

Child Welfare Studies

http://ssw.che.umn.edu/CASCW/meth_cm_summary.html

Potential long-term health and developmental effects on children from chemical exposure. This policy brief summarizes a longer analysis of Minnesota social service data looking at the role of parents' chemical abuse in child welfare out-of-home placements.

Enforcement, Office of National Drug Control Policy – Drug Endangered Children

www.whitehousedrugpolicy.gov/enforce/dr_endangered_child.html

Statistics on drug-endangered children with links to publications, including protocols, best practices legislation and DEC programs, conferences and trainings.

Interdisciplinary Child Welfare Training Project Online Training

www.ssw.umich.edu/icwtp/substanceAbuse/

The material in the substance abuse module includes slides, reference materials, and an audio presentation which is based on a videotaped session conducted with community professionals which covers issues relating to parental substance use: general trends and patterns of use; patterns of use among women in the U.S.; drugs of abuse and their effects; the impact of parental substance abuse on children and child welfare; a model of intervention and treatment; and, screening and assessment tools.

KCI – The Anti-Meth Site

http://kci.org/meth_info/Crank_Babies

A list of methamphetamine articles concerning newborns and children addicted to meth at birth or being exposed to meth in the household environment.

National Alliance for Drug Endangered Children

www.nationaldec.org/news/news.htm

Meth-related articles from many news sources discuss children endangered by meth, its effect on a person's appearance, mothers who use the drug, and meth arrests. Contact information is listed by state, and there are links to DEC alliances.

National Center on Substance Abuse and Child Welfare

www.ncsacw.samhsa.gov

A wealth of resources for meth and child safety.

National Clearinghouse on Child Abuse and Neglect Information

www.childwelfare.gov/responding/meth.cfm

Impact of Methamphetamines on the Child Welfare System. Publications on responding to meth-affected children.

Office for Victims of Crime

www.ojp.usdoj.gov/ovc/publications/bulletins/children/
800-627-6872

Detailed report on children at clandestine meth labs with information on a multi-disciplinary team response and promising practices.

Treatment/Recovery

California Department of Alcohol and Drug Programs

http://txworks.adp.ca.gov/tww.asp

A search engine finds a specific alcohol and other drug treatment provider within California by city, county or zip code.

Clear Haven Center

www.clearhavencenter.com/ 877-465-8080

Access a considerable amount of information on addiction, the substances involved and their effect on the addict. Admissions counselors are also available at 877-465-8080 and can answer most of the questions you may have, including refer you to programs and information anywhere in the US and Canada.

Crystal Meth Anonymous

www.crystalmeth.org 213-488-4455 (hotline)

CMA is a 12 step fellowship for those in recovery from addiction to crystal meth. There are no dues or fees for membership. Membership in crystal meth anonymous is open to anyone with a desire to stop using crystal meth.

CrystalRecovery.com

www.crystalrecovery.com

Fast facts and photos, teen stories about meth, a question-and-answer board, and several community bulletin boards all support recovery for those with meth addiction.

Hazelden Foundation

www.hazelden.org 800-257-7810

Hazelden's comprehensive approach to addiction is now the most widely used in the world and addresses the full range of patient, family, and professional needs, including treatment and continuing care for youth and adults, research, higher learning, public education and advocacy, and publishing. See also *The Matrix Model*.

Health Services/Technology Assessment Test

www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat

The Health Services Technology/Assessment Texts (HSTAT) is a free, Web-based resource of full-text documents that provide health information and support health care decision making. HSTAT's audience includes health care providers, health service researchers, policy makers, payers, consumers and the information professionals who serve these groups.

Matrix Institute on Addictions

www.matrixinstitute.org 800-310-7700

The Matrix Model is an evidence-based program for treating alcohol and drug addictions developed by the Hazelden Foundation. Site offers presentation and training dates for this program as well as a listing of articles about it and a comprehensive bookstore of materials on drug addiction and treatment, and much more.

Stop Meth Addiction

www.stopmethaddiction.com/drugrehabstate.htm?state=
California 800-US-NO-DRUGS ~ 800-876-6378

This Narconon website provides a submission form to find treatment in every California city or county and other states. With a vast list of links and resources for every aspect of meth use.

Phoenix House

www.phoenixhouse.org/

The Phoenix House provides drug and alcohol treatment and prevention services with specific locations in California, Florida, New England, New York, and Texas. The site provides drug facts, family support, treatment and prevention programs, news and events, and appears on HBO's 14-part series, Addiction in partnership with Robert Wood Johnson Foundation, the NIDA and NIAAA.

UCLA Integrated Substance Abuse Programs (ISAP)

www.uclaisap.org/ 310-312-0500

ISAP coordinates substance abuse research and treatment. As one of the largest substance abuse research groups in the United States, ISAP works to: develop and evaluate new approaches for the treatment of substance abuse disorders; move empirically supported treatments into mainstream application; advance the empirical understanding of substance abuse and support efforts to ameliorate related problems; and, investigate the epidemiology, neurobiology, consequences, treatment, and prevention of substance abuse.

Hotlines

Center for Substance Abuse Prevention (CSAP) Drug-Free Workplace Helpline
www.drugfreeworkplace.org 800-967-5752

Center for Substance Abuse Treatment's (CSAT) Drug Information, Treatment, and Referral Hotline
800-662-HELP

Crystal Meth Anonymous
www.crystalmeth.org 213-488-4455

Drug Rehab Referral Alliance
www.drug-rehab-referral.org/index.html
877-235-0400

Families Anonymous
800-736-9805

Meth Rehab
www.methrehab.com 800-453-2124

Parents Resource Institute for Drug-Free Education (PRIDE)
404-577-4500

Toughlove
800-333-1069

Law Enforcement

Clandestine Laboratory Investigators Association
www.clialabs.com

Provides training, technical support, legislation assistance and expert testimony to all law enforcement, prosecutors, emergency service personnel and includes indicators and pictures of clandestine meth labs and links to OSHA (Occupational Safety and Health Administration and the DEA (Drug Enforcement Administration).

Drug Court Clearinghouse
www.spa.american.edu/justice/drugcourts.php
202-885-2875

The DCC provides a wide range of office-based services, including telephone consultation, e-mail responses to information requests, networking and facilitation of telephone conference calls among peers to discuss issues of concern, and dissemination of sample operational materials developed by drug courts.

Drug Enforcement Administration
www.usdog.gov/dea (search for meth)

This website provides fact sheets and arrest reports as well as ongoing programs.

National Association of Drug Court Professionals
www.nadcp.org 703-575-9400

This site includes research evaluations and statistics on drug court effectiveness.

National Criminal Justice Reference Service
www.ncjrs.org 800-851-3420

The NCJRS offers publications on corrections, courts, and community policing.

Prevention, Education and Awareness
http://ag.ca.gov/bne/peap.php
(See California-Based)

For Local Governments and Community Task Forces

CASA at Columbia University
www.casacolumbia.org

The National Center on Addiction and Substance Abuse (CASA) at Columbia University aims to inform Americans of the economic and social costs of substance abuse and its impact on their lives, as well as, remove the stigma of substance abuse and replace shame and despair with hope.

CASA has assembled an interdisciplinary staff of more than 60 professionals with post-graduate and doctorate degrees, experience and expertise in various fields including substance abuse and addiction, communications, criminology, education, epidemiology, government, law, journalism, psychology, public administration, health and policy, social work, sociology and statistics.

Campus and Community Coalitions in AOD Prevention
www.higheredcenter.org/pubs/prev-updates/campus-comm-coal.html

Resources and references for community coalitions.

Community Anti-Drug Coalitions of America
www.cadca.org 800-54-CADCA

This site lists workshops on drug prevention, ideas for starting a community coalition where you live, and the latest news, trends, and tips to help develop and maintain successful local anti-drug coalitions as well as no cost regional training events.

Community Tool Box
http://ctb.ku.edu/about/en/index.jsp

Provides more than 6,000 pages of practical skill-building information for work in promoting community health and development, including how to run an effective meeting, write a grant, advocate for a cause and more.

Drug Strategies

http://drugstrategies.com/commcoal/

Drug Strategies provides tools for assessing community coalitions and promoting their sustainability with contact information for successful community coalitions.

Join Together

http://www.jointogether.org/getinvolved/state/california/

(See California-Based)

Syracuse University 12 Point Plan

http://students.syr.edu/12pointplan/

The Twelve-Point Plan web site has been designed as a resource for other institutions of higher education as they design alcohol and other drug prevention plans to meet the needs of their local communities. Some of the resources include alcohol and other drug prevention curricula; data collection methods and findings; lessons learned from implemented strategies, including quarterly reports of the University Judicial System documenting case activity, data trends, and current research; and, developing community-based initiatives. These are the twelve points.

1. Campus Leadership
2. Awareness and Information
3. Environmental and Targeted Approaches
4. Curriculum Infusion
5. Peer-Based Initiatives
6. Training
7. Support and Intervention Services
8. Staffing and Resources
9. Policies and Implementation
10. Enforcement
11. Assessment and Evaluation
12. Campus-Community Coalition

Gay Male Community

BUMP Study

www.sfbump.com
415-575-0150

The San Francisco Department of Public Health study pays $10-35 per visit to test the feasibility of providing medication which may help gay and bisexual men reduce or quit using methamphetamine.

Life or Meth

www.lifeormeth.com

A global resource for gay men with photos, real life stories, AIDS, history of meth production, forums, and links designed to help gay men make informed decisions.

Magnet

www.magnetsf.org
415-581-1600

Walk-in HIV and STD testing and community building.

New Leaf Services

www.newleafservices.org
415-626-7000

A nonprofit multi-purpose counseling center for the lesbian, gay, bisexual and transgender (LGBT) communities of San Francisco and the surrounding Bay Area. Both abstinence-based and harm reduction-based treatment programs are offered.

Positive Opportunity Reinforcement Project P.R.O.P.

www.propsf.org
www.drawtheline.org
415-355-2000

PROP is a 12-week voluntary program that utilizes positive conditioning to support gay and bisexual men who choose to stop using Methamphetamine without the use of groups or traditional treatment methods by providing vouchers for food, clothing, etc..

Resist Meth

www.resistmeth.org

The Resist Meth campaign was formulated in San Francisco's Castro District with funding by the San Francisco Department of Public Health in cooperation with the Mayor's Task Force on Methamphetamine, with a partner with the Boston New Champions Project. The goal of the initiative is to reduce the spread of HIB among men who have sex with men in San Francisco and Boston, to reduce meth use among gay/bi men and to decrease the harm caused by crystal to those who use it.

Ads soliciting input were strategically placed throughout San Francisco's gay community. This website compiles ideas, stories, artwork and songs as well as various viewpoints. This website provides a wealth of resources and other links for users, non-users, ex-users, friends and family, and community members.

The Speed Project

www.tspsf.com
415-788-5433

The Speed Project is a harm reduction program for men who have sex with men in San Francisco who use speed. The project hosts a weekly drop in group, secondary syringe exchange, produces a community zine called SPEEDOMETER, hosts community forums, workshops, movie nights, and does outreach in the TL & Castro, at syringe exchanges, street fairs, bars and clubs.

Peer Educators are the heart of the project. Guys volunteer to provide friends with nonjudgmental information and resources to encourage good health and support guys to party and play more safely.

Peer educators and the project's zine SPEEDOMETER open doors for guys to share their stories and strategies with other men who use about what works for them in terms of reducing the spread of HIV, hepatitis, STDs, and other harms associated with the use of crystal.

The Stonewall Project

www.stonewallsf.com
415-502-1999

The Stonewall Project is a harm reduction group or individual counseling program for men who have sex with men (meaning queer, gay, bisexual, transgender, questioning, or no label) who have questions about speed, want information about speed, want help dealing with speed etc. There's no requirement that you be clean and sober, or even want to be, to join us.

Tweaker.org

www.tweaker.org
(See California-Based)

Example County and State Initiatives

The Kansas Meth Prevention Project

www.ksmethpreventionproject.org

The Project provides training, technical assistance, strategies and resources for addressing the methamphetamine problem at the local and state levels. They provide effective, efficient approaches for reducing the supply of, and demand for, meth in communities throughout the nation. Prevention strategies target groups such as retailers, rural populations, home visitors, youth, parents and children affected by their parents' meth use and manufacture.

MEADA Coalition of Wright County (Minnesota)

www.meada.org

Methamphetamine Education and Drug Awareness (MEADA) Coalition of Wright County, Minnesota brings together families, neighbors, school personnel, law enforcement, county agencies, faith communities and municipalities to help develop a county mindset of zero tolerance for chemical use with a special focus on methamphetamine. The site includes sample brochures, flyers, public service announcements, and other valuable information.

Meth Action Coalition

www.methaction.org/about_meth11.htm

This organization's goal is to combat meth in Central Oregon. Downloadable brochures and handouts feature advice for family and friends of addicts, information on the signs of meth use, and so forth. Links to information on state initiatives are also provided. There are links to successful elements to this successful coalition.

MethFreeTN.org

www.methfreeth.org/

Tennessee's Attorney General's Office has built a successful coalition. Their website contains public service announcements, news, speakers and events scheduling, a monthly newsletter, with an extensive list of partners.

MethNet

www.ag.state.il.us/methnet/fightmeth/coalitions.html

MethNet is a growing network of individuals, agencies, and organizations committed to working together to slow the spread of meth in Illinois. Approach the meth problem in a targeted and organized fashion. Resources are available to assist communities to mobilize around difficult issues with information on funding, training, or technical assistance for community coalitions.

National Registry of Evidence-based Programs and Practices (NREPP)

www.nrepp.samhsa.gov/

A database of interventions based on topic and population.

Saskatchewan Health – Healthy People, A Healthy Province

www.health.gov.sk.ca

News releases and information on Saskatchewan's strategy for dealing with meth can be found on the site.

White County Task Force

www.anti-meth.org

The White County Meth Task Force is a program of Community Partnerships. The goals of Anti-Meth.org are to prevent the use, manufacture, and/or delivery of Methamphetamine by: Prevention through educating the public; Provide help resources for the addicted; Help law enforcement efforts in the discovery and seizure of Meth labs and drug dealers through neighborhood groups; Promote and implement the "Drugs Don't Work" drug-free workplace policy throughout North Georgia; and Increase public awareness and knowledge about our "Meth" problem while pointing out the individuals and organizations taking a stand against the "Meth" problem.